

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000078272 (7)**

1. Corporation Name  
**TAWAN ON, INC.**



Principal Place of Business  
**2404 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435**

Mailing Address  
**2404 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435-7720**

3. Date Incorporated or Qualified **09/19/1996**      3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0696330**      Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.  
222 LAKEVIEW AVENUE  
SUITE 800  
W. PALM BEACH FL 33401**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>EASTON, GLENN H</b>             |  |
| STREET ADDRESS | <b>924 SE 15TH STREET</b>          |  |
| CITY-ST-ZIP    | <b>DEERFIELD BEACH FL 33441</b>    |  |
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MASS, JEFFREY T</b>             |  |
| STREET ADDRESS | <b>1230 NW 18TH AVENUE</b>         |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33445</b>       |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>KOCHMAN, RONALD S</b>           |  |
| STREET ADDRESS | <b>5336 SEA BISCUIT ROAD</b>       |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL 33418</b> |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | <b>PRESIDENT</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>INGRID R. MASS</b>        |  |
| 1.3 STREET ADDRESS | <b>1230 NW 18 AVE</b>        |  |
| 1.4 CITY-ST-ZIP    | <b>DELRAY BEACH FL 33445</b> |  |
| 2.1 TITLE          | <b>VICE PRESIDENT</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>BARRY HOFFMAN</b>         |  |
| 2.3 STREET ADDRESS | <b>10707 DI-CABALLO CT</b>   |  |
| 2.4 CITY-ST-ZIP    | <b>DELRAY BEACH FL 33446</b> |  |
| 3.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                              |  |
| 3.3 STREET ADDRESS |                              |  |
| 3.4 CITY-ST-ZIP    |                              |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                              |  |
| 4.3 STREET ADDRESS |                              |  |
| 4.4 CITY-ST-ZIP    |                              |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-ST-ZIP    |                              |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ingrid R. Mass*      1/19/97      561-733-6627

CR2E034 (9/96)