## May 01, 2000 8:00 am Secretary of State 05-01-2000 90458 021 \*\*\*158.75

**FILED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000681676

i. Chary Name	G		
TALIBUIC	DEALTY	CODDODATION	

IAURUS	REALIT	CONFORMION	

:400 E. NEWPORT CENTER DRIVE

Principal Place of Business

Mailing Address

509

1400 E. NEWPORT CENTER DRIVE SUITE 209

BEACH FL 33442-4219

DEERFIELD BEACH FL 33442-7713

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Principal Place of Business     3. Mailing Address								
1350 E. Newport Center		PO BOX 4219			i idaireat ila laite ariit aanu aaliit bant	DAIME JUINE 12840 USIII		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
Ste 200	5	<u></u>						_
City & State		City & State	- -	4. 1	FEI Number <b>52-2007115</b>	, <del>     </del>	Applied For	1
Deerfie	eld Beach, FL	Deerfield Be					Not Applicable	1
Zip	Country	Zip	Country	5.	Certificate of Status Desired	<b>★ \$8.75</b> A		
33 <u>442</u>	USA	33442-4219	USA		<i></i>	Fee Requi	red	1
	6. Name and Address of Current I	Registered Agent		7. !	Name and Address of New Regis	itered Agent		┨
			Name					
	LING, LORENZ		Street A	Street Address (P.O. Box Number is Not Acceptable) 1350 E. Newport Center Dr. Ste 206				
1400	E. NEWPORT CENTER DRIVE		135					
	E 20 <del>9</del>							l
DEER	RFIELD BEACH FL 33442-4219		City			EI Zip Co	nda	1
			്"Ďe	erfield	d Beach,	FL 334		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered ag	ent, or both, in the State of Florida	,		]
	•	• •	_	-				
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ure required when re	einstating)	DATE		1
- T::	2	EILE MOMIN	FEE IS \$150.	200	T	<del>-</del>		1
	pration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2000			10. Election Campaign Financ		. <b>00</b> May Be	-
_	ia on back)	Make Check Payable	•		Trust Fund Contribution.	∐ Add	ed to Fees	
11.	OFFICERS AND	<u></u>	12.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 11	┨
TITLE	VP	Delete	TITLE	1	20110110,01211020 10 011102	€ Change		Íģ
NAME	REIBLING, GUENTHEI	☐ Detete	NAME	Reibli	ing, Geunther	A Onlings		١٥
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NAME	REIBLING, LORENZ	□ Delete	NAME			K Onange	, LJ Addition	`
STREET ADDRESS	1400 E NEWPORT CENTER DR		STREET ADDRESS	1350 5	Normort Cont	D C	+- 200	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	1330 E	. Newport Cente	er ur. s	te 206	ĺ
TITLE	VPAS	Delete	TITLE	Deerri	eld Beach, FL	3.442   Change	Addition	1
NAME	KASSOF, LINDA G	□ Delete	NAME	ł		20 Change	, L. Addition	1
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CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	Deerfi	eld Beach, FL	33442	LE 200	1
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name Street address (			STREET ADDRESS	)				
CITY-ST-ZIP			CITY-ST-ZIP					
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Linda G. Kassof 4/27/00

Daytime Phone #