

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089286 (4)
 1. Corporation Name
TARI MANAGEMENT, INC.



Principal Place of Business 3709 S SAN PABLO ROAD JACKSONVILLE FL 32224	Mailing Address 3709 S SAN PABLO ROAD JACKSONVILLE FL 32224
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7925 MERRILL RD		2a. Mailing Address 2a. 7925 MERRILL RD.		3. Date Incorporated or Qualified 10/30/1996	
22 Suite, Apt. #, etc. 2605		2b. Suite, Apt. #, etc. 2605		4. FEI Number 58-2301127	
23 City & State JACKSONVILLE / FLORIDA		2c. City & State JACKSONVILLE / FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32277		2d. Zip 32277		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country US		2e. Country US		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TARI, TOLGA 3709 S SAN PABLO ROAD JACKSONVILLE FL 32224				10. Name and Address of New Registered Agent			
				81 Name TOLGA TARI			
				82 Street Address (P.O. Box Number is Not Acceptable) 7925 MERRILL RD # 2605			
				83			
				84 City JACKSONVILLE FL 85 Zip Code 32277			

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 <input type="checkbox"/> DELETE	D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT
NAME	TARI, TOLGA	1.2 NAME	TARI, TOLGA
STREET ADDRESS	3709 S SAN PABLO ROAD	1.3 STREET ADDRESS	7925 MERRILL RD # 2605
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA, 32277
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **TOLGA TARI** *Tolga Tari* **APRIL 30, 1998** (904) **744 9819**

CR2E034 (10/97)