

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90220 007 ***150.00

DOCUMENT

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000089286**

1. Corporation Name
TARI MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7925 MERRILL RD STE 2605 JACKSONVILLE FL 32277 US	Mailing Address 7925 MERRILL RD STE 2605 JACKSONVILLE FL 32277 US
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3. Date Incorporated or Qualified 10/30/1996	
4. FEI Number 58-2301127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7925 MERRILL RD	2a. Mailing Address 26 7925 MERRILL RD
Suite, Apt. #, etc. 22 STE 2308	Suite, Apt. #, etc. 27 STE 2308
City & State 23 JACKSONVILLE / FLORIDA	City & State 28 JACKSONVILLE / FLORIDA
Zip 24 32277	Country 25 U.S.A
Zip 29 32277	Country 30 U.S.A

9. Name and Address of Current Registered Agent

TARI, TOLGA
7925 NMERRILL RD
STE 2605
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name **TARI, TOLGA**

82 Street Address (P.O. Box Number is Not Acceptable)
7925 MERRILL RD

83 **# 2308**

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 TOLGA TARI *Tolga Tari* 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TARI, TOLGA
STREET ADDRESS	7925 MERRILL RD, 2605
CITY-ST-ZIP	JACKSONVILLE FL 32277
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P TARI, TOLGA
1.3 STREET ADDRESS	7925 MERRILL RD, # 2308
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	TARI, TAYGUN
2.4 CITY-ST-ZIP	7925 MERRILL RD, # 2308
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 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, with all other like empowered.

SIGNATURE: Tolga Tari *Tolga Tari* 4/27/99 (904) 744 9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)