

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-05-1999 90220 007 ***150.00

DOCUMENT # P96000089286

1. Corporation Name

TARI MANAGEMENT, INC.



Principal Place of Business

7925 MERRILL RD
STE 2605
JACKSONVILLE FL 32277
US

Mailing Address

7925 MERRILL RD
STE 2605
JACKSONVILLE FL 32277
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1996

4. FEI Number

58-2301127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TARI, TOLGA
STREET ADDRESS 7925 MERRILL RD, 2605
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME TARI, TOLGA
1.3 STREET ADDRESS 7925 MERRILL RD, # 2308
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32277

2.1 TITLE VICE PRESIDENT
2.2 NAME TARI, TAYGUN
2.3 STREET ADDRESS 7925 MERRILL RD, # 2308
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32277

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(904) 744 9819

Daytime Phone #

CR2E034 (11/98)