

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000093345 (2)

1. Corporation Name

TACHE GROUP, INC.



Principal Place of Business

Mailing Address

1901 S HARBOR CITY BLVD  
SUITE 801  
MELBOURNE FL 32901  
US

1901 S HARBOR CITY BLVD  
SUITE 801  
MELBOURNE FL 32901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

2. Principal Place of Business

2a. Mailing Address

21 1901 S Harbor City Blvd

26 1901 S Harbor City Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 810

27 Suite 810

City & State

City & State

23 Melbourne FL

28 Melbourne FL

Zip

Country

Zip

Country

24 32901

25 USA

29 32901

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, CHRISTOPHER J  
407 PARK AVENUE  
MELBOURNE FL 32901

81 Name Christopher J. Graham

82 Street Address (P.O. Box Number is Not Acceptable)  
407 Par Avenue

83

84 City Melbourne FL 85 Zip Code 32901

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

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

Christopher J. Graham, President April 28, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GRAHAM, CHRISTOPHER J  
STREET ADDRESS 407 PAR AVENUE  
CITY-ST-ZIP MELBOURNE FL 32901

1.1 TITLE P  
1.2 NAME Christopher J. Graham  
1.3 STREET ADDRESS 407 Par Avenue  
1.4 CITY-ST-ZIP Melbourne FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V  
2.2 NAME John J. Armstrong  
2.3 STREET ADDRESS 2225 Ladner Road, NW  
2.4 CITY-ST-ZIP Palm Bay, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE T/S  
3.2 NAME Sandra E May  
3.3 STREET ADDRESS 407 Par Avenue  
3.4 CITY-ST-ZIP Melbourne FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE

CR2E034 (10/97)