## 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

## DOCUMENT # **P9700000144**1. Corporation Name

TAM SA SERVICES, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90032 048 \*\*\*150.00



Principal Place of Business		Mailing	Mailing Address					LAGEL LANDE MAINS R	Mini Minit Mai	() MUIN MUINT HINT	OSOS) DIÐI (BB)
645 WHITE RIVER DRIVE		645 WH	645 WHITE RIVER DRIVE								
ORLANDO FL 32828		ORLAND	ORLANDO FL 32828				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporate	_ +		OOFAGE	
							01/01/1997				
2. Principal P	lace of Business	2a. Mai	iling Address				4. FEI Number			Ap	plied For
21		26	-				59-3445073			No	t Applicable
Suite, Apt.	#, etc.		te, Apt. #, etc.				5. Certifcate of Sta	tue Desired		\$8.75	Additional
22		27					S. Certificate of Sta	itus Desileo		. Fee Re	quired
City & Stat	е	City	/ & State				6. Election Campa	ign Financing		\$5.00	
23		28					Trust Fund Conf	tribution		Added t	o Fees
Zip	Country	Zip		Countr	ry		8. This corporation		rent year I		
24	25	29		30			Personal Proper		Danietera	☐ Yes	□No
<del></del>	9. Name and Address of Curi	rent Registeret	d Agent	8	1 Ns	me	10. Name and Add	ress of New	Registere	u Agent	
SAT	HAN LYSA MCKINLEY										
**	WHITE RIVER DR			8:	2 St	eet Addr	ess (P.O. Box Number	is Not Accept	able)		
SUITE 540						The state of the s			C to (34533)		
	ANDO FL 32828			8						4 1	14.55
				8-	4 Ci	y	* **		F	* 85 Zip (	Code ' '*'
44 0	to the provisions of Sections 607.0	502 and 607.15	508 Florida Statu	tes the abo		ned com	oration submits this sta	tement for the	purpose o	of changing its	registered
	to the previously or economic corne									aintmant as ra	nictored
office or r	egistered agent, or both, in the Sta	ite of Florida, Si	uch change was a	authorized b	v the	corporatio	on's board of directors.	I hereby acce	pt the app	Olliunent as re	gistered
office or r agent. I a	registered agent, or both, in the Sta m familiar with and accept the obli	ite of Florida, Si	uch change was a	authorized b	v the	corporatio	on's board of directors.	I hereby acce	pt the app	2 99	<b>3</b>
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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.