1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90018 004 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700003734

SIGNATURE

Section   Sect	SPEÇIE	ING.				-				11111 <b>4</b> 141 H
228 LAKEPONTE CR   LESSURG FL 34746   LESSURG FL										
LESSURG FI, 34748   LESSURG FI, 34748   S	Principal Place	of Business	Mailing Address				* 10011021 110 10111 12011			
US    Substance	2288 LAKEPOINT	re cir		•		1				
3. Date Incorporated of Qualified OI/(08/1997) 3. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated of Qualified OI/(08/1997) 4. FEI Number 5. Surface of Status Desired   Roya Status   Roya Sta	LEESBURG FL 34748			•			DO NOT V	RITE IN THE	S SPACE	
2	US		US			3. 1	Date Incorporated or Qualit	ed		
Suits, Apt. #, etc.						(	01/08/1997			
Sulfu, Apt. #, etc.    Sulfu, Apt. #, etc.	2 Principal Place of Business		2a. Mailing Address		4.	FEI Number		<u> </u>		
Suits, Apt. #, etc.  27  City & State  28  City & State  29  Country  29  Country  30  Country  30  Shame and Address of Current Registered Agent  10  10  Name and Address of Current Registered Agent  11  TARA FINANCIAL SERVICES, INC.  18  19  TARA FINANCIAL SERVICES, INC.  18  19  CLEMMONT FL 34711  83  CLEMMONT FL 34711  84  City & State  10  CLEMMONT FL 34711  85  Sireet Address (P.O. Box Number is Not Acceptable)  10  Sireet Address of Current Registered Agent  11  Name and Address of Current Registered Agent  15  TARA FINANCIAL SERVICES, INC.  16  17  TARA FINANCIAL SERVICES, INC.  18  18  Sireet Address (P.O. Box Number is Not Acceptable)  19  Sireet Address (P.O. Box Number is Not Acceptable)  10  Sireet Address of Power and the Country of C	21		26				<u>59-3421139</u>			
City & State		#, etc.	Suite, Apt. #, etc.	<del></del> -		5.	Certifcate of Status Desired	ı 🗆	<b>* *</b> • • • • •	
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279 Country 279 Country 279 Country 279 Presonal Property Tax   Ves   Ve	City & State		City & State					ng 🗆		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered discrete the purpose of changing its registered statutes.  11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  2288 LAKEPOINTE CIRCLE  12. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TIRE	23			Countr					-	7
9. Name and Address of Current Registered Agent  TARA FINANCIAL SERVICES, INC.  18	_		<u>├</u> ─┐ ' ┌	_	у			current year ii	Yes	ŽNo.
TARA FINANCIAL SERVICES, INC. 489 W WINNEHAHA AVENUE CLERMONT FL 34711  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   Street Address (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code  87   Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, but an above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes agent, and a final state of the provisions of Sections 607 0505, Florida Statutes  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City Street Address (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85	24		<del></del> 1	30]	_			w Registered		
TARA FINANCIAL SERVICES, INC.  SEASON MINNEHAPHA AVENUE CLERMONT FL 34711  B4 City FL 35 Zig Code  B4 City FL 35 Zig Code  B5 City ST 35 Zig Code  B6 City FL 35 Zig Code  B7 PL 35 Zig Code  B7 PL 35 Zig Code  B7 PL 35 Zig Code  B8 City FL 36 Zig	<del></del>	9. Name and Address of Current	Kegistered Agent	. 8	Name					_
CLERMONT FL 34711    Bay   City   FL   Bay   Bay	TARA	FINANCIAL SERVICES, INC.	** SM* 26:	-			O. B. All out on to Man Assa			
CLERMONT FL 34711  83  City FL 85 Zip Code  T1. 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 12° originate dagent, or both, in the State of Florida's Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 3 agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 2 agent, or both, in the State of Florida's Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 3 agent, and manual manual accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 3 agent, and manual accept the obligations of Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, or both and accept the obligations of Section 607.0502 and accept the obligation of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered the corporation's board of directors. I hereby accept the appointment as registered deviced and accept the appointment and accept t	SPE 489	W MINNEHAHA AVENUE		82	2 Street Ad	idress (P.	.O. Box Number is Not Acc	epiable)	et	
B4 City FL 85 Zip Code TT. 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 agent, or both, in the State of Florida's Stoch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent, and raminal raminal with, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE Signature, typed or privated name of registered agent and title if explicative.  (INCTE. Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE P			•	83	3		0.003000	130 000 000		福越舞
TITLE 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 signet. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, 15 agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.  SIGNATURE    Signature, Typed or pristed name of registered agent and title if applicable.   (NOTE: Registered Appert signature required when remailability).   DATE		•		<u>_</u>			166 161 2 60 2 60 2	. 2111 6211 851	34-50 H-17-12	Sile Mike Mai
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SIGNATURE  Signalure, hyber or printed name of registered appert and title if applicable. (NOTE. Registered Appert signature required when revestable). (NOTE. Registered Apperts in particular in										
SIGNATURE    12   OFFICERS AND DIRECTORS   13   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   IN 12   ADDITIONS/CHANGES TO OFFICERS TO OFFICE	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named co	orporation	submits this statement for	the purpose of	or changing its	registered
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LEESBURG FL 34748	SIGNATURE	m familiar with, and accept the obligation is signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Ag  13.  1.1 TITLE	ent signature requ	uired when re	einstating); [12,5]. ADDITIONS/CHANGES TO	DATE	AND DIRECTO	RS IN 12
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	SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P DIAMOND, DAVID A 2288 LAKEPOINTE CIRCLE LEESBURG FL 34748	and title (I applicable. (NOTE: I DELETE DELETE DELETE DELETE	Registered App 13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY-2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.4 CITY-5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY 5.1 STRE 5.4 CITY 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY	ent signature requirement signature requirem	uired when re	ADDITIONS/CHANGES TO	OFFICERS A	Change  Change  Change  Change	RS IN 12 Addition Addition Addition Addition Addition
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STREET ADDRESS 4.3 STREET ADDRESS 6.3 STREET ADDRESS	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P DIAMOND, DAVID A 2288 LAKEPOINTE CIRCLE LEESBURG FL 34748	and title (I applicable. (NOTE: I DELETE DELETE DELETE DELETE	Registered Ap  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.4 CITY- 4.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME 6.4 NAME 6.5 NAME 6.5 NAME 6.5 NAME 6.6 NAME 6.6 NAME 6.7 NAME 6.7 NAME 6.7 NAME 6.8	ent signature requirement signature requirem	uired when re	ADDITIONS/CHANGES TO	OFFICERS A	Change  Change  Change  Change	RS IN 12 Addition Addition Addition Addition Addition

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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP