## 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 # P97000043834

1. Corporation Name

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90067 038 \*\*\*150.00

TAC PROPERTIES USA, INC.						
Principal Place of Business Mailing Address						
943 ALLEGRO LANE   943 ALLEGRO LANE   APOLLO BEACH FL 33572   APOLLO BEACH FL 33572					}	
AFOLLO BENOTI E 33372 AFOLLO BENOTI E 33372					DO NOT WRITE IN	THIS SPACE
					3, Date Incorporated or Qualifed	
					05/19/1997	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3446866	Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
27						Fee Required
		City & State	y & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Zin	Zip Country Zip		Country		Trust Fund Contribution	Added to Fees
			30		<ol> <li>This corporation owes the current ye Personal Property Tax.</li> </ol>	arimangible SEYes □No
1.0	9. Name and Address of Current	<del></del>	1	<del></del> -	10. Name and Address of New Registr	
				Name		
CLARK, ROGER				Ctroot Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
943 ALLEGRO LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	a caracter of the care to
APOLLO BEACH FL 33572			83			
And the second of the second o			84	City	<u> </u>	85 Zip Code
			04	City		FL 85 Zip Code
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		<u> </u>	t signature required		
TITLE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
NAME	TUSTIN, GEORGE W		1.2 NAME	}		□ Cisange □ Addition
STREET ADDRESS	A CONTRACTOR OF THE CONTRACTOR			ADDRESS		
CITY-ST-ZIP	ADOLLO DELOU EL COSTO			i		}
TITLE	VD □ DELETE		1.4 CITY-ST 2.1 TITLE	-ZIF		☐ Change ☐ Addition
NAME	CLARK, VERONICA A		2.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	ADDITION OF THE PROPERTY			T-ZIP		
TITLE	STD DELETE		3.1 TITLE		·	Change Addition
NAME	CLARK, ROGER L		3.2 NAME	ĺ		
STREET ADDRESS			3.3 STREET	ADDRESS	3	ا د در موادی در
CITY-ST-ZIP	APOLLO BEACH FL 33572		3.4. CITY-S	T-ZIP	<u> </u>	
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			1
STREET ADDRESS		:	4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE		☐ DELETE				Change Addition
NAME .			5.2 NAME			,
STREET ADDRESS	SI TATA TO THE TA		5.3 STREET			
CITY-ST-ZIP	1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		5.4 CITY-ST	-ZIP		F101
TITLE	SALING CONTROL OF THE		6.1 TITLE 6.2 NAME			Change Addition
NAME	APAZA EN FRA LA TA			ADDRESS		
STREET ADDRESS			6.3 STREET	l l		

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 ag authornient with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)