

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90025 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000048969
1. Corporation Name
TANMAR INVESTMENT INC

* 5 552043-90025-10 3 *

Principal Place of Business		Mailing Address	
501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786		- SAME -	
2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	
21 501 CAUSEWAY BLVD	26 501 CAUSEWAY BLVD	8/97	
Suite, Apt. #, etc.		Applied For	
		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired	
23 BELLEAIR BEACH FL	28 BELLEAIR BEACH FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24 33786	29 33786	6. Election Campaign Financing	
25 PINNELLAS	30 PINNELLAS	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.	
JIMMY AVIRAM 501 CAUSEWAY BLVD BELLEAIR BEACH FL 33786		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 JIMMY AVIRAM PRES DATE 5/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PRES	JIMMY AVIRAM		
STREET ADDRESS	SAME AS ABOVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
V.P.	HAIA AVIRAM		
STREET ADDRESS	SAME AS ABOVE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
MEIRAV	AVIRAM		
CFO		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	SAME AS ABOVE		
TITLE	NAME	4.1 TITLE	4.2 NAME
RAVIT	AVIRAM		
V.P.		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	SAME AS ABOVE		
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		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: [Signature] DATE 5/10/99 DAYTIME PHONE # 727-510-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)