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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P970000 49967

Taso Industries, Inc.

Principal Place of Business

Malan Las. King S.

2400 W. Kingsy

Cocoa, Fla 32926	Coca	F12 36	19:	3. 6	DO NOT WRITE 3. Date incorporated or Qualified	E IN THIS	S SPACE
2. Principal Place of Business 21	2a. Mailing Addres	SS			4. FEI Number 0758 299	!	Applied For Not Applicable
Suite, Apt. #, etc.	Suile, Apt. #, e	ic.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	Cily & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25	7 p	30 Co.	intry		This corporation owes or has personal Property Tax due June		urrent year Intangible Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Anthony Vespucci 2400 w. king St Cocoon Fla 32926			81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)			
		A	84	City		F	B5 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 of office or registered agent for both. In the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typied to printed name of registeric discrete and full diapsic elve (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE Vespucci NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CHTY-ST-7IP 1.4 CITY - ST - 7/P DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C TY - ST - ZIP DELETE Change Addition 3.1.1ITLE TITLE 3.2 NAME NAME 3 3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITUE NAME 4. 2 NAME 4.3 STREET AUDRESS STREET ADDRESS CITY-ST-7P 4.4 CITY - \$1-7IP DELETE TITLE 51100 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST - 7/P DELETE 61 TITLE TITLE -04/16/98--01041--032 ***150.00 6.2 NAM? NAME

6.4 CITY - S1 - ZIP 14. Thereby 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 argund 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 recopy or trustorempowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an appears in the recommendation of the recopy of trustorempowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

6.3 STREET ADDRESS

STREET ADDRESS

4-7-98 407-631-6969

FILED

Apr 16 1998 8:00am

Secretary of State

CR2E034 (10/97