

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053434 (1)

1. Corporation Name

TALLMADGE PROPERTIES, INC.

Principal Place of Business

102 16TH ST.  
BELLEAIR BEACH FL 33786

Mailing Address

102 16TH ST.  
BELLEAIR BEACH FL 33786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/16/1997

2. Principal Place of Business	2a. Mailing Address
21 474 Harbor Drive South	26 474 Harbor Drive South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Indian Rocks Beach FL	28 Indian Rocks Beach, FL
Zip	Zip
24 33785	29 33785
Country	Country
25 USA	30 USA

4. FEI Number	Applied For
59-3454444	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BROIDA, JOEL D  
605-75TH AVE.  
ST. PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLMADGE, SHEFIK R	1.2 NAME	
STREET ADDRESS	102 16TH ST.	1.3 STREET ADDRESS	474 Harbor Drive South
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	1.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLMADGE, KATHLEEN A	2.2 NAME	
STREET ADDRESS	102 16TH ST.	2.3 STREET ADDRESS	474 Harbor Drive South
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Kathleen Tallmadge Sec/Treas 1/15/98 595-8887 (813)

CR2E034 (10/97)