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

F'ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPART MENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90095 022 \*\*\*150.00

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DOCUMENT #	P970000581	18
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1. Corporation Name

CITY-ST-ZIP

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TASC ENTERPRISE, INC.

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Principal Plac	ce of Business Mailing Address				}	1 1931 1931 11911 11911 11911				
217 PONCE DE LEON BLVD			}							
<del>#310</del> -		#310				DO NOT WRITE IN THIS SPACE				
CORAL GABLES	GABLES FL 33134 CORAL GABLES FL 33134			<u>}</u>	3. Date Incorporated or Qualifed					
					}	•				
				17		07/02/1997 4. FEI Number		10	lied For	
2. Principal P	lace of Business N.W. 2654	2a. Mailing Address	1.2	134.	- 1	65-0783322	!		Applicable	
Suite, Apt	# etc	Suite, Apt. #, etc.					\$8	3.75 A	duitional	
22	n, 0.0.	27				5. Certificate of Status Desired	7 7	Fee Req		
City & State	e	City & State	`			6. Election Campaign Financing	□ \$	5.00 N	Изу Ве	
23 1	1-16400 1-1-12-1 ·	28 -MiAmi, 7	8 Mismi & 1.		\	Trust Fund Contribution		Added to	ees	
~ Zip On,	Country	Zip C C IV (2	Country	\\\dagger		8. This corporation owes the curre		le	i. '	
24 77	19 L 25 DAV	29 75146 30	1 Dt	De.	[	Persona I Property Tax.	Y		No	
<del></del>	9. Name and Address of Current	Registered Agent	L_			10. Name and Address of New Re	egistered Agen	<u>t</u>	·	
	<del></del>		81	Name						
DUN	KLEY, LINDSAY		82	32 Street Ad fress (P.O. Box Number is Not Acceptable)						
717 PONCE DE LEON BLVD		102	62 Street Address (P.O. Box Number is Not Acceptable)							
#310			83							
CORAL GABLES FL 33134			اا							
			84	City			FL] <sup>85</sup>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	ccrpora	tion submits this statement for the p	ourpose of chan	ging its r	egistered	
office (rr	egistered agent, or bo h, in the State of m familiar with, and accept the obligation	Florida, Such change was authors of Section 607,0505. Florida	orized by a Statutes.	the corpo	oration's	board of cirectors. I hereby accept	the appointmen	l as reg	Stered	
-	Military Wall, and an activity of constant						4121	\44		
SIGNATUF:E	Signature, typed or printed name of registered gani	and title if applicable. (NOTE. Re	gistered Agen	t signature re	eq iired wh	en reinstating)	DATE	-4-4-,		
12.			13.			ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO		
TITLE	PD	☐ DELETE 1.1						Change	Addition	
NAME			1.2 NAME	ŀ						
STREET ADDR :SS	I - m - recom and recommend when		1.3 STREET	ADDRESS						
CITY-ST-ZIP			1.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	2.1 TITLE		}			Change	Addition	
NAME			2.2 NAME	}	}					
STREET ADOF ESS			2.3 STREET	ADDRESS	}					

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP CITY-ST-Zi2 14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 115.07(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 at pears in Block 12 or Block 13 if chapted, or on an attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

Addition

Addition

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Change

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