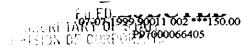
SERVIND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9916996: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE **Katherine Harris**

1999

Secretary of State

DIVISION OF CORPORATIONS



99 AUG -9 AM 11: 23

DOCUMENT #	P97000066405	
MISS TAMARA, INC.		
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Principal Place of Business	Malling Address	
A BAV 1980	214 CC41100 DD	

					L 1881(88) 110 MM 1981 1991 1994		
Principal Place	e of Business	Mailing Address					
O BOX 1389		714 SCALLOP DR.					
cape Canaveral FL 32920 Us		PT. CANAVERAL FL 32920		,	DO NOT WRITE IN THIS SPACE		
				3. 0	Date Incorporated or Qualified		
					7/31/1997		
9 Principal P	lace of Business	2a. Malling Address			El Number		Applied For
-	SCALLOP DE.	25 D.O.BO	<u>~41389</u>	5	9-3462133		Not Applicable
	# elc	Suite, AoI, #, etc.	,,			<u> </u>	8.75 Additional
2 6	**************************************	27	-	8.0	Certificate of Status Desired	<u></u>	Fee Required
City & Stat	/ -	City & State		6. 8	lection Campaign Financing		\$5.00 May Be
a PT.	CANAVERAL, FL	20 CAPG CANI	overal, s		rust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	-0 0.7	his corporation owes the currer	nt year	
A Pa	_ 25 BLSA	20 32920	30	1	ntangible Personal Property.	L Y	es No
	9. Name and Address of Current	Registered Agent			Name and Address of New Re	glatered Age	int
000			61 Na	me			
	PORATION SERVICE COMPANY		82 Str	et Address (P.C). Box Number is Not Acceptab	ie)	<u> </u>
	HAYS STREET			· · · · · · · · · · · · · · · · · · ·			
IALL.	AHASSEE FL 32301-2525		83				
			84 Cit	,			S Zip Code
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		f Florida. Such change was a ons of, section 607.0505, Flor in the control of the					
	Signature, typed or primed name of registered agent of		TE: Registered Agent si	makes required when	reinstelling)	DATE	
SIGNATURE		and title if applicable (NO	TE: Registered Agent at 13.	makes required when		DATE	NRECTORS IN 12
SIGNATURE	Signature, typed or privated name of registered agent of OFFICERS AND	and title if applicable (NO	TE: Registered Agent at 13. 1.1 TITLE	makes required when	reinstelling)	DATE	DIRECTORS IN 12 Change Addition
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P O Box 1389

Cape Canaveral, FL 32920

Phone 407-783-6140 Fax 407-783-5600

July 02, 1999

Florida Department of State Division Of Corporations Annual Reports Filings P O Box 1500 Tallahasee FL 32302-1500

To whom it may concern,

In reference to my phone call to Debbie on July 1, 1999, I did not receive 1st Notice Annual Report Packet due to an incorrect mailing address. I was directed to inform of correct address via this letter. Correct address for Miss Tamara, Inc. is as follows:

Miss Tamara, Inc. P O Box 1389 Cape Canaveral, FL 32920

The address on 2nd Notice Packet is my physical address, and do not get deliveries at this address. Just by chance I received it this time. Please change address for future mailings.

I was also advised by Debbie to pay the original \$150.00 renewal fee and include it with this letter.

Sincerely

Lisa A. Bates Vice President