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

STREET ADDRESS

SIGNATURE:

FILED Apr 21 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000072284 (7) DOCUMENT #

1. Corporation Name TARAS GROUP, INC. Principal Place of Business Mailing Address 5200 WESTSHORE DRIVE 5200 WESTSHORE DRIVE NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0791400 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DENMARK, MICHAEL D **5200 WESTSHORE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 84 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 recept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typing the property real participation of application of the LHOT typing and property of the signature of the sign ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE E 1 TITLE Change Addition DENMARK, MICHAEL D NAME 1.2 NAME CR2E034 5200 WESTSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE HEITZMAN, HAROLD NAME 2.2 NAME 5015 U.S. HIGHWAY 19 STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HEIDENREICH, GENE NAME 3.2 NAME 39350 PRETTY POND ROAD 3.3 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELÉTE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 5.2 NAME

6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP 4. 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 ennual 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.

4-15-98 (813)846-0849