Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90099 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076572

1. Corporation Name

TYGAN ENTERPRISES, INC.

Principal Place of Business Mailing Address								f statisant sin initis inner natio a	REIT #OILT ANTILL (A	DID DIGOT BU	AT 18919 1191 1891
1007 72ND STREET. NORTHWEST 100			007 72ND STREET. NORTHWEST								
			BRADENTON FL 34209				DO NOT WRITE IN THIS SPACE				
							<u> </u>	3. Date Incorporated or Qualifed		TAGE	
							'	09/02/1997	1		1
2 Dringing D	logo of Business	22	Mailing Address				٠.	4. FEI Number		-777	Applied For
2. Principal Place of Business			26					59-3465671		<u> </u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27				1	5. Certificate of Status Desired-	·	Fee F	Required
City & State			City & State					6. Election Campaign Financing	' 🗆	\$5.0	May Be
23			28					Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Cor	intry			8. This corporation owes the cur			
24	25	29		30				Personal Property Tax.		Yes	- D 440
	9. Name and Address of Current	Regis	tered Agent		1		1	0. Name and Address of New	Registered A	gent	
404	MO DDEM D				81	Name					
ADAMS, DREW P 1007 72ND STREET, NORTHWEST BRADENTON FL 34209					82	Street Ad	dress	(P.O. Box Number is Not Accept	table)		
DIVA	DENTON FL 34209				83						1
					84	City		· · · · · · · · · · · · · · · · · · ·	E	85 Zij	p Code
					لــــــــــــــــــــــــــــــــــــــ				FL	hanaina	ita ragistarad
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	f Florid ons of,	da. Such change was a , Section 607.0505, Flo	uthorize rida Stat	d by utes	the corpora	ation's	board of directors. I hereby acce	ept the appoin	tment as	registered
SIGNATURE			The state of the s	. D:.t.		t signatura caru	riend rube	on reinstation)	DATE		
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS				OTE: Registered Agent signature require			ulled Wile	ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12
TITLE	P	DIKL	DELETE	1.1 T	TLE			7,001,101,07,07,07		Chang	
NAME	ADAMS, DREW			1.2 N	AME						\
STREET ADDRESS	ARREST CONTRACTOR		•			ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34209				TY-\$1	1					
TITLE	510.02.11		☐ DELETE	2.1 T	_					Chang	e Addition
NAME				2.2 N	AME						
STREET ADDRESS				2.3 S	TREET	ADDRESS					
CITY-ST-ZIP		-	The section of	2.40	ITY-S	T-ZIP				·	
TITLE			☐ DELETE	3.1 T	ITLE					☐ Chang	e Addition
NAME				3.2 N	AME	į					
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			***	3.4. 0	TY-S	T-ZIP					
TITLE			DELETE	4.1 T	ITLE					Chang	e Addition
NAME				4.21	IAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					ITY-S	T-ZIP					
TITLE			☐ DELETE	5.1 T						Chang	ge Addition
NAME	}			5.2 N							ł
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			□ DELETE	5.4 C	ITY-5	1-214		 		[7] Chang	je Addition
TITI E	1			■ Q.1 I	11LE						

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 appear with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #