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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085340 (2)

TARPON BEND, INC.

Block 12 or Block #3 if of singed for on an

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1139 RIO VISTA BLVD. 1139 RIO VISTA BLVD. FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 316 N.G Suite, Apt. 1, etc. 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 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 Zip This corporation owes or has paid the current year intangible. 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WHITE LOCK 81 WHITELOCK, CHARLES T CHARLES ONE EAST BROWARD BLVD., STE. 601 Street Address (P.O. Box Number is Not Acceptate BIL NOBTHEAST FO 82 FORT LAUDERDALE FL 33301 83 84 LAUDERDAL B 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 Fredda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amilanillar with, fund accept the objections of Fredda Statutes. SIGNATURE (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.5 TITLE CHARLES T. WHITELOCK NAME 1.2 NAME 314 Northeast Fourth STREET STREET ADDRESS 13 STREET ADDRESS FORT LOUDERDALE, F/. CITY-ST-ZIP 1.4 CITY - ST- ZIP VICE PRESIDENT Change Addition 2.1 TITLE TITLE CAROL M. WHITE LOCK 2.2 NAME BIL NOATHGAST FOURTH STREE STREET ADDRESS 2.3 STREET ADDRESS FORTLAWDGRDAUG, Fl. CITY-ST-ZIP 2.4 City - St - ZiP Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADORESS 14. Thereby certify that the Information supplied with this filling 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 local year of trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if granged for or an integring my an address.