

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90009 025 ***150.00

DOCUMENT # P98000005860

1. Corporation Name

TAB Management Group, Inc ✓

Principal Place of Business

Mailing Address

12471 NW 15th Place Suite 16208
Sunrise, FL 33323 Same.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 20, 1998

4. FEI Number

59-349-21762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 12471 NW 15th Place Suite 16208

26 12471 NW 15th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 16208

27 Suite 16208

City & State

City & State

23 Sunrise, FL

28 Sunrise, FL

Zip

Country

Zip

Country

24 33323

25 US

29 33323

30 US

9. Name and Address of Current Registered Agent

12471 NW 15th Place Suite 16208

Sunrise, FL 33323

Detrick Ali

10. Name and Address of New Registered Agent

81 Name Detrick Ali

82 Street Address (P.O. Box Number is Not Acceptable) 12471 NW 15th Place Suite 16208

83

84 City Sunrise

FL

85 Zip Code 33323

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 accept the obligations of, Section 607.8505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Detrick Ali
1.3 STREET ADDRESS 12471 NW 15th Place Suite 16208
1.4 CITY-ST-ZIP Sunrise, FL 33323

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Walter Brown
2.3 STREET ADDRESS 12471 NW 15th Place Suite 16208
2.4 CITY-ST-ZIP Sunrise, FL 33323

3.1 TITLE Secretary ☐ Change ☐ Addition
3.2 NAME Adrienne Brown
3.3 STREET ADDRESS 12471 NW 15th Place Suite 16208
3.4 CITY-ST-ZIP Sunrise, FL 33323

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

(954) 835-0663

CR2E034 (11/98)