


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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90069 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000006301

1. Corporation Name

TAI-FUN-EX CORPORATION



Principal Place of Business 430 SOUTH PARK ROAD #203 HOLLYWOOD FL 33201	Mailing Address 430 SOUTH PARK ROAD #203 HOLLYWOOD FL 33201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7300 NW 17th ST Suite, Apt. #, etc. 409 City & State PLANTATION, FL Zip 33313 Country BROWARD		2a. Mailing Address 26 7300 NW 17th ST Suite, Apt. #, etc. 409 City & State PLANTATION FL Zip 33313 Country BROWARD		3. Date Incorporated or Qualified 01/21/1998	4. FEI Number 650811857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Certificate of Status Desired <input type="checkbox"/>		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent NEZNER, GABOR 430 SOUTH PARK ROAD #203 HOLLYWOOD FL 33201		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZNER, GABOR	1.2 NAME	
STREET ADDRESS	430 SOUTH PARK ROAD	1.3 STREET ADDRESS	7300 NW 17th ST
CITY-ST-ZIP	HOLLYWOOD FL 33201	1.4 CITY-ST-ZIP	PLANTATION FL 33313
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZNER, GABOR	2.2 NAME	
STREET ADDRESS	430 SOUTH PARK ROAD	2.3 STREET ADDRESS	7300 NW 17th ST
CITY-ST-ZIP	HOLLYWOOD FL 33201	2.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* ARE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.15.99

Date

954-583-8866

Daytime Phone #

CR2E034 (1/198)