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 # P9800009184

1. Corporation Name

TASCO INVESTMENTS OF FLORIDA, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90074 046 ***150.00



Principal Place of Business Mailing Address						11001100		2111 22111 221		
		1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316	1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316				DO NOT WR	ITE IN TH	IS SPACE	
					;	3. Date Incorp. 01/27/19	orated or Qualifed	i		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	300114			oplied For
21		26				05-070	27790			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certifcate of	Status Desired			equired
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country		Zip	,			8. This corporation owes the current year Intangible				
24 25 29			30			Personal Property Tax. Yes LiNo 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent	81	Name		U. Name and	Address of New	Registere	u Agent	
MAC	THE IEEEDEV C		81	Name	•					
WACHS, JEFFREY S 1177 S.E. 3RD AVENUE			82		Address	ddress (P.O. Box Number is Not Acceptable)				
FOR	T LAUDERDALE FL 33316		83							
			84	City		1		F	L 85 Zip	Code
*****	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607.0505, Florida	Statutes	the corpo	oration s	board of direct	ors. I hereby acce	e pulpose ept the app	pointment as re	egistered
40	Signature, typed or printed name of registered age		13.	nt signature n	required whe	en reinstating)	CHANGES TO O		AND DIRECTO	DRS IN 12
12.	PSTD OFFICERS AI	ND DIRECTORS	1.1 TITLE		No.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
TITLE	1010		1.2 NAME		505	江口	JACK -		. (
NAME STREET ADDRESS	1177 S.E. 3RD AVENUE			T ADDRESS		e Ow	tour t	grFi€	3 IQ	
	FORT LAUDERDALE EL 00040			MONTREAL, Quebec 43G				-2VII		
CITY-ST-ZIP TITLE	TONI EAGDENDALE LE GOOTS	☐ DELETE	2.1 TITLE		100	<u>- (199 ·)</u>			Change	☐ Addition
NAME			2.2 NAME							ļ
STREET ADDRESS			2.3 STREE	TADDRESS	3					į
CITY-ST-ZIP * .			2. 4 СЛҮ-	ST-ZIP :=	~		· ·			~• w
TITLE		☐ DELETE	3.1 TITLE			-			Change	☐ Addition
NAME			3.2 NAME					•		Ì
STREET ADDRESS			3.3 STREE	TADDRESS	5					-
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		_				
TITLE		☐ DELETE	4.1 TITLE			-			Change	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS	ET ADDRESS		4.3 STREET ADDRESS		;					}
CITY-ST-ZIP	-	<u>-</u>	4.4 CITY- 9	ST-ZIP		<u> </u>				
TITLE	☐ DELETE 5.1 TI		5.1 TITLE		1		•		☐ Change	Addition)
NAME			5.2 NAME					•		1
STREET ADDRESS			5.3 STREE	TADDRESS	3					1
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition ∤
NAME	,		6.2 NAME							
STREET ADDRESS	}		6.3 STREE	TADDRESS	\$ <i>'</i>					

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 arraddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ID TYPED OR PRINTED NAME OF CHANING OFFICER OR DIRECTOR

Davtime Phone #