**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90132 019 \*\*\*150.00

DOCUMENT #	P98000034998
1. Corporation Name	1 00000001000

THE TAPER GROUP, INC.

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Principal Place	e of Business	Mailing Address			\$ 10041000 ttl. (0101.10411 03111 00	SII MRIIS Mõida iilis ainse ia	JIO 16101 1811 1881
7177 WEST OA	KLAND PARK BLVD.	7177 WEST OAKLAND PAR	K BLVD.				
LAUDERHILL FL 33313 LAUDERHILL FL 33313				DO NOT WRITE IN THIS SPACE			
ł						TE IN THIS SPACE	
Į.					3. Date Incorporated or Qualifed		
		D. Mailine Address			04/15/1998 4. FEI Number		Applied For
	lace of Business	2a. Mailing Address		7 D			Not Applicable
21 2666 Suite, Apt.	E. OAKLAND PARK BLY	26 /260 E. O. Suite, Apt, #, etc.	KLANS.	PAKK DLIS			Additional
22	#, etc.	27			5. Certifcate of Status Desired	7	Required
City & State		City & State			6. Election Campaign Financing		0 May Be
23 FT. L	AUDERDALE, FL		ALE, F		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curr		
24 <i>3336</i>		29 33334	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	kegisterea Agent	———
<b></b>	DIACIOTED I C		81	Name			
l .	RMEISTER, J.C.		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)	
	WEST OAKLAND PARK BLVD.			1260	E. CAKLAND PARI		
I.AUI	DERHILL FL 33313		83	Y.			
			. 84	City		85 Zij	Code
		) 4 4		LT.	LAUDERDALE	FL 1 13	<i>33.</i> 34
11. Pursuant	to the provisions of Sections 607.050	2 and 60 / 1508, Fibrida Statuti	es, the abov	e-named corpo	pration submits this statement for the	purpose of changing i	ts registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and occept the oblige	or Fronder Suchtenange was all tions of Section 507.0505, Flor	ida Statutes	i ine corporatio 3.	nts board of directors. I hereby accep	vine appointment as	,091010100
SIGNATURE	11/6 1	$\mathcal{U}$			•		Ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	Registered Age	nt signature required		DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	e 🔲 Addition
NAME	GALLANT, GLENN M		1.2 NAME	١ .	رود و درجان کور	· <del>-</del>	l l
STREET ADDRESS	7177 WEST OAKLAND PARK B	ILVD.	1.3 STREE	TADDRESS 5	396 BAYVIEW DRIV		
CITY-ST-ZIP	LAUDERHILL FL 33313	·	1,4 CITY-5	ST-ZIP	REASULEL FL	33308	
TITLE		☐ DELETE	2.1 TITLE	77	REASUREL	☐ Chang	e Addition
NAME			2.2 NAME	त	REASURE K CHRISTOPHER FUHR 160 E. BAKLAND P	MEISTER	ĵ
STREET ADDRESS		•	2.3 STREE	TADDRESS //	160 E. ONELAND F	ARE DATE.	,
CITY-ST-ZIP *	». ·		2, 4 CiTY-	ST-ZIP - F	T. LAUSERDALE, F		•
TITLE		☐ DELETE	3.1 TITLE			Change	e 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
ZITLE		☐ DELETE	4.1 TITLE	-		Chang	e Addition
NAME			4, 2 NAME				1
STREET ADDRESS			4.3 STREE	TADDRESS	•		Į
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP'			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e 🗀 Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	•		5.4 CITY-8	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	e Addition
NAME			6.2 NAME		•		
J	Por artist above		6.3 STREE	TADDRESS		r	į
CITY-ST-ZIP			6.4 CITY-9	ST-ZIP			ļ
1 0111101121				,			

14. I hereby certify that the information supplied with this fifths does not qualify the the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental applied report is true and adopting 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 repeit of 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 changes, or chan attackment with an address, and all other like empowered.

**SIGNATURE:** 

Date

Daytime Phone #