PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000049621 1. Corporation Name

Principal Place of Business

TAMARAND, INC.

Mailing Address

626 GUI

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90106 003 \*\*\*150.00



	LONY CT. S. UNIT 201	6260 KIPPS COLONY CT. S.	UNIT 201		
SULFPORT FL	33707	GULFPORT FL 33707		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				06/03/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applie	d For
.1		26			pplicable
Suite, Apt.	#, etc. unit 202	Suite, Apt. #, etc.	nit 202	5. Certifcate of Status Desired  5. Certifcate of Status Desired Fee Requirements	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 Ma Added to F	
⁻; Zip	Country		Country	This corporation owes the current year Intangible	
<i>1</i>	25	<u> </u>	10		No
.1	9. Name and Address of Currer			10. Name and Address of New Registered Agent	
	O. Hullis and Flashess of Galler		81 Name	A	
COH	rs, denis a			-ohrs, Denis A.	
1505 NORTH FLORIDA AVE.			82 Street A	Adress (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33602		83	1-120	
				UITC IZU	la
			84 City	CCCOCC FL 85 Zip Cod	چکاڈ
11 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named of	corporation submits this statement for the purpose of changing its req	istered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the corpo	ration's board of directors. I hereby accept the appointment as regist	ered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statutes.	V	
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: R	Registered Agent signature re	viuired when reinstating) DATE	<del></del>
 12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
. <u>.</u> .	D	☐ DELETE	1.1 TITLE		☐ Addition
	FINZER, TAMARA		1.2 NAME	· ·	
	6260 KIPPS COLONY CT. S.	LINIT 201		6260 Kipps Colony Ct.s, UNIT	7/12
···LLI ADDRESS	GULFPORT FL 33707	0.411 201	1.4 CITY-ST-ZIP	2260 Kilder 22' 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ST- ZIP	D	☐ DELETE	2.1 TITLE	Change [	Addition
		C beerie		<b>~</b>	_
	FINZER, RANDALL C	LINET OOA	2.2 NAME	1210 Vision Coloni, Ct S was a	^2
··········· ADDRESS	6260 KIPPS COLONY CT. S.	UNII 201		6260 Kipps Colony Ct.S., UNIT 2	02
···-ST-ZIP	GULFPORT FL 33707		2. 4 CITY-ST-ZIP	· Change	Addition
		☐ DELETE	3.1 TITLE		
-			3.2 NAME		
1 AODRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4. CITY-ST-ZIP	[] Oh	□ Addition
		☐ DELETE	4.1 TITLE	Change	☐ Addition
-			4, 2 NAME		
I ALBERT 525			4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		<b>—</b> • • • • •
		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
-			5.2 NAME	4	
EADERS (S)			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY ST-ZIP		
1		☐ DELETE	6.1 TILE	Change	☐ Addition
			6.2 NAME		
·I ADDKLUS			6.3 STREET ADDRESS		
···-ST-ZIP			6,4 CITY-ST-ZIP		
···-ə:-ZIP			<b>.</b>		

L 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.

CR2E034 (11/98)