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UNIFORM BUSINESS REPORT (UBR)		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS				is		UNIFORM BUSINESS REPORTS FIS. 607.1622(7) Filing Fee: 61.25 FILED	ORT UPDATE	
DOCUMENT # P98000059430 1. Corporation Name								00 DEC 11 PM 4: 13		
Tact Mana							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business		Mailing Address						EALLANASSEL, I LONIOA	•	
							3. Date Incorporated or Qualified 3a. I 7/6/1998	Date of Last Report		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For	
21 1897 Palm Beach Lakes Boulevard			26 1897 Palm Beach Lakes Boulevard					65-0848154	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					15. Centificate of Status Desired	\$8.75 Additional	
22 Suite 226			27 Suite 226						Fee Required	
City & State  23 West Palm B	7.00			City & State  28 West Palm Beach FL					\$5.00 May Be Added to Fees	
Zip 24 33409	County 25 Palm Beach	¬¬, ¬ . ⊢ , , , , , , , , , , , , , , , , , ,		County 30 Palm Beach				8. This corporation has liability for intants. 199.032, Florida Statutes Yes	ngible tax under ☐ No	
	ame and Address of Current Re	1-1		30 1 4			10. N	ame and Address of New Registered A		
A CONTRACTOR OF CONTRACTOR AND					81	Name		Or runto and reaction of the registered regard		
Warner & Associates, CPA, PA 1897 Palm Beach Lakes Boulevard Suite 226			82 S			Street Addre	ess (P.C	(P.O. Box Number is Not Acceptable)		
West Palm Beach, FL 33409										
					84 City FL 85 Zip Code			Code		
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									g its registered office ntment as registered	
SIGNATURE										
Signature, typed or printed name of registered  12. OFFICERS AND DIRECT						(NOTE: Registered Agent signate  13. ADDITIONS		ore required when reinstating)  DATE  S/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Robert Hayes 1897 Palm Beach Lakes Boulevard Suite 226			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			8	_ c	hange Addition	
TTTLE	Assistant Secretary	West Palm Beach, FL 33409 Assistant Secretary  DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			□ CI	hange Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Roger A. Reyes 941 Fourth Street #200 Miami Beach, FL 33139			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			\$	2000034925824		
TTTLE		Ĺ	DELETE	3.1 T					hange	
NAME STREET ADDRESS CITY-ST-ZIP					TRE	E ET ADDRES! -ST-ZIP	S			
TTTLE			DELETE	4.1 T				c	hange Addition	
NAME STREET ADDRESS					TRE	ET ADDRESS	\$			
CITY-ST-ZIP TITLE			DELETE	5.1 T		<u>-ST-ZIP</u>	<u> </u>		hange Addition	
NAME STREET ADDRESS					TRE	ET ADDRESS	s			
CITY-ST-ZIP TTILE		Ë	DELETE	6.1 T		-ST-ZIP			hange Addition	
NAME STREET ADDRESS	•			6.2 1	MAP.		s	_	SP	
CITY-ST-ZIP			-1	6.4 (	CITY	-ST-ZIP	<u> </u>	12. 6 110.05(0) (2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		
14. I do 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 13, or on attachment with an address.										
SIGNATURE ROLL A. REYLS ASSISTANT SKRETARY 12-7-00 305-672-0686 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										
								Daytille Pilot	"	

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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

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DATE:

December 5, 2000

ACCOUNT NO:

FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

**TYPE OF FILING:** 

ANNUAL REPORT UPDATE

NAME:

TACT MANAGEMENT, INC.

**SPECIAL INSTRUCTIONS:** 

PLEASE RETURN A CERTIFICATE OF STATUS WITH CONFIRMATION OF FILING

Stock