## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # POROCO64964

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90008 031 \*\*\*158.75

1. Corporation	n Name	•	30000	<del>00-00-</del>									
TAGDEE	R INC.												
77100122									1	<b>88</b> 41 <b>88</b> 1 218 1818 1864 1864 <b>88</b> 44 <b>88</b>			MINI <b>eie</b> i 1 <b>33</b> 1
Principal Place	e of Business			Mailing Address					41	0011004  LQ 19101	161 <b>46</b> 111 <b>88</b> 14 <b>6</b> 1	ABBI 1160 1160 1160 1	Allin Aldi JAB!
275 N COUNTY ROAD 275 N COUNTY ROAD													
PALM BEACH F	L 33480			PALM BEACH FL 3	PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE				
									3 Date I	ncorporated or Qualifed	10 114 71 10	OT AGE	
								07/23/1998					
2. Principal Pl	lace of Busine			2a. Mailing Address				4. FEI Ni			Ap	plied For	
21 275 13.6	A 1	R.J. (	1- Beach 3348	26 275 N. County Rd. P.B. 33480						_	No.	Applicable	
Suite, Apt.		<u>~</u>	· otack 354D	Suite, Apt. #, etc.					- 0 "			\$8.75 △	dditional
22				27					5. Ceruic	ate of Status Desired	<u>~</u> _	Fee Re	quired
City & 5 tate	e			City & State	L				6. Electic	n Campaign Financing		\$5.00	May Be
23 PALM BEACH FL.				28 PALM BEACH FL					Trust	und Contribution		Added to	Fees
Zin	9 0 -	Cour		Zip		ountry	'		8. This c	orporation owes the curr	ent year into		
33480 25 P.B				29 33480 30					Personal Property Tax.  Yes No				
	9. Name a	and Add	ress of Curren	Registered Agent		81	Name		10. Name	and Address of New I	Registered	Agent	
MONCHICK, MICHAEL J							Name		_				
	KIER & MOI					dres	s (P.O. Bo	Number is Not Accept	able)				
	S AUSTRA												
	T PALM BE												
****			2 00 100			84	City				E:I	85 Zip (	Code
				1 4 CO7 1509 Florid	- Statutes the	abov	o pamed	c vrnor	ation subm	ts this statement for the	nurnose of	changing its	registered
office or r	onictored and	of or be	th in the State o	of Florida, Such chang	e was authoriz	ed by	the corpo	ration	's board of	directors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I a	m familiar with	h, and a	scept the obligati	ions of, Section 607.0	505, Florida Si	atutes	5.						
SIGNATURE	<u> </u>		me of registered agen	and title of population	(NO E: Registe	red Ane	nt signature re	w uired w	vhen reinstating		DATE		[
12.	Signature, typed o	r printed in	OFFICERS AN		1					ONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D			☐ DE	.ETE 1.1	TITLE	-					☐ Change	☐ Addition
NAME	HALIMI, GA	ABRIEL			1.2	NAME							
STREET ADDR::SS	44 004 1054 1004 10				1.3 STREET ADDRESS								
CITY-ST-ZIP	PALM BEA				14	CITY-S	T- ZIP						
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□ DE	.ETE 2.1	TITLE						Change	☐ Addition
NAME					2.2	NAME							
STREET ADDR ESS					23	STREE	T ADDRESS						
CITY-ST-ZIP	_				2.	4 CITY-	ST-ZIP						
TITLE				☐ DE	LETE 3.	TITLE						Change	Addition
NAME					3.2	NAME							
STREET ADDR ESS				3.3	3.3 STREET ADDRESS								
CITY-ST-ZIP						. CITY-	ST-ZIP						F7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				□ DE	LETÉ 4.º	TITLE						Change	Addition .
NAME					4.	2 NAME							
STREET ADDR ESS					4.3	STREE	T ADDRESS						
CITY-ST-ZIP	,					CITY-S	ST-ZIP					Change	Addition
TITLE				□ DE	<b>B</b> *	TITLE						Change	Addition
NAME						NAME	TADODESS						
STREET ADDRESS							TADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Пое		CITY-S	1-ZP	ļ				Change	Addition
TITLE				□ DE		NAME						L] Unlaringe	LI Addition
NAME							T ADDRESS						
STREET ADDRESS													}
CITY-ST-ZIP	17 11 14		W	h this filing does not a		CITY-S			ction 110 0	7/3\(i) Florida Statutes	I further cor	tify that the i	aformation

14. I hereby certify that the information supplied with this filing does not qualify or 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 ander oath; that am an officer or director of the corporation or the recever or trustee empowered to execute this report as required by Chapler 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

HALIMI Gabriel