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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067605

SIGNATURE:

TAMARAC OPERATING BRIDGE CORP.

FILED	
Apr 22, 1999 8:00 a	ım
Secretary of State	

04-22-1999 90092 013 ***150.00

Principal Place	of Business	Mailing Address			11 3 A 1171 (8010 A1171 A1	6(\$1 \$11) 1401
9657-OAKBROX	OK-CT.	19657 OAKBROOK CT.				
BOCA RATON FL 33434 BOCA RATON FL 33434		DO NOT WRITE IN TH	IIS SPACE			
				3. Date Incorporated or Qualifed	IIS SPACE	
				07/29/1998		
Dringing! DI	lead of Rusiness	2a. Mailing Address		4. FEI Number	App	lied For
7 / EL /	B W. Commercial B	1 26 6463 W. Com	marial Blud	65-0862607		Applicable
Suite, Apt. :		Suite, Apt. #, etc.	merciai Diver	<u> </u>	\$8.75 A	
ı , `	#, Etc.	27		5. Certifcate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00 1	May Be
	narac FL	28 Tamarac	, F 4	Trust Fund Contribution	Added to	•
Zip ,	Country	Zip	Country	8. This corporation owes the current year	Intangible	
1333/	9 25 USA	29 333/4	30 USA	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name R 2	obert Taylor		
	MER, GERALD R		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	2011	 -
	7 OAKBROOK CT.		149	NW 70th St. A	304	
BOC	A RATON FL 33434		83	•	,	
			84 City 12	0	. 85 Zip C	ode 🟊
			1 100	ca Katon F	L 334	187_
1. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its r	egistered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a itiogs of Section 607.0505, Flo	orida Statutes.	ion's board of directors. Thereby accept the app	100	1010104
GNATURE	-explosit sour	(M) Grasida	ut Rabert	- laxlov 4/19	147 _	
GIVATURE						
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature require			
		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
2.	OFFICERS XN		13. 1.1 TITLE		AND DIRECTOR	
2. fle	OFFICERS XN D KRAMER, GERALD	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME			
Z. TLE LME	OFFICERS XI D KRAMER, GERALD 19657 OAKBROOK CT.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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