

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000082745**

1. Corporation Name

TACTICS INTERNATIONAL CORP.

Principal Place of Business

102 NORTHEAST 2ND STREET
SUITE 246
BOCA RATON FL 33432

Mailing Address

102 NORTHEAST 2ND STREET
SUITE 246
BOCA RATON FL 33432

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90013 029 ***550.00

618885-90013-29



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1998

4. FEI Number

US-0805705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **133 E. Palmetto Park Rd.**

Suite, Apt. #, etc.

22 **PH C**

City & State

23 **Boca Raton FL**

Zip

24 **33432**

Country

25 **USA**

2a. Mailing Address

26 **102 NE 2nd St.**

Suite, Apt. #, etc.

27 **PHB 246**

City & State

28 **Boca Raton FL**

Zip

29 **33432**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

BRIAN W. DUNNE

82 Street Address (P.O. Box Number is Not Acceptable)

102 NE 2nd St. PHB 246

83

84 City

Boca Raton

85 FL

Zip Code

33432

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Brian W. Dunne

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/12/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSTD
DUNNE, BRIAN W**
STREET ADDRESS **102 NORTHEAST 2ND STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

Brian W. Dunne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-394-3333

CR2E034 (5/99)

0078775