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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000092828 1. Corporation Name

TAUPE, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90118 035 \*\*\*158.75



Principal Place of Business Mailing Address						( 100(100) 110 (010) 12111 2011 2011	,, 44.,, 44.,4			• • • • • • • • • • • • • • • • • • • •	
1522 NW 97TH											
1522 NW 97TH AVENUE 1522 NW 97TH AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SPACE					
					-	Date Incorporated or Qualifed	E IN THIS	SPACE			
					3.	11/02/1998					
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24 907 0	9. Name and Address of Current	20 1 0 1	Т.	<u> </u>	10.	Name and Address of New R	egistered .	Agent			
	3. 100110 2110 7-0-1-0-1		81	Name		<del></del>					
SHE	PARD, JONATHAN L						<del></del>				
	TOWN CENTER ROAD		82	Street Add	idress (P	.O. Box Number is Not Accepta	ble)			ļ	
SUIT	E 801		83				_				
	A RATON FL 33486						_				
555,	,		84	City			FL	85 2	Zip Co	de	
		1007 4500 51 34- 01-64 #				auberita this atatamant for the		changin	ite re	gistored	
difference of r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida. Such change was authorize	ea by	the corporat	ation's bo	ard of directors. I hereby accep	t the appoi	ntment a	s regis	tered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida Sta	tutes								
SIGNATURE							DATE			i	
ļ_ <u>.</u> _	Signature, typed or printed name of registered agent s			nt signature requi		ADDITIONS/CHANGES TO OF		D DIDE	TOP	S IN 12	
12.	OFFICERS AND		:		PTD	ADDITIONS/CHANGES TO OF	-ICERS AN	☐ Char		Addition	
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NAME	RICHARD FINKELST	C	VAME	1 '	KICHA 1000	_		110			
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		633	STREET	TADDRESS							

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP