

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90185 027 \*\*\*150.00

DOCUMENT # P98000094076

1. Corporation Name  
TAE-ROBX, INC.



Principal Place of Business  
2464 S. SANFORD AVE.  
SANFORD FL 32771

Mailing Address  
2464 S. SANFORD AVE.  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1998

4. FEI Number

59-3545165

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 Tax.



Yes

No

9. Name and Address of Current Registered Agent

HOWARD, VINCENT  
2464 S. SANFORD AVE.  
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	RICHARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	Change	Addition
1.2 NAME	RICHARD PARE		
1.3 STREET ADDRESS	960 GARDEN GLEN LOOP		
1.4 CITY-ST-ZIP	LAKE MARY FL 32746		
2.1 TITLE	VP, T	Change	Addition
2.2 NAME	VINCENT HOWARD		
2.3 STREET ADDRESS	819 SHALLOW BROOK A		
2.4 CITY-ST-ZIP	WINTER SPRING FL 32708		
3.1 TITLE	VP S	Change	Addition
3.2 NAME	IVAN LIND		
3.3 STREET ADDRESS	350 LESLIE CANE		
3.4 CITY-ST-ZIP	LAKE MARY FL 32746		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)