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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

						-1		
DOCUMENT # S49038 (0) TARTAN INVESTMENT GROUP INC							616.1 1 818.12 8-24	1 212 11 1221
Principal Place of Business Mailing Address						1 10 BALIDI YA DIDIO 10 ILI WARAO ARAO 19 IL VIOLI 119A	01014 03 3 77 010	
27590 DISSTO PUNTA GORD		P.O. BOX 512009 PUNTA GORDA FL 33951 US				DO NOT WRITE IN THIS	SPACE	
. US						3. Date Incorporated or Qualified		
2. Principal Place of Susiness 2s. Mailing Address						04/29/1991 4. FEI Number	I Ar	oplied For
21		26				NOT APPLICABLE	<u> </u>	ot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
27								aquired
City & State	8	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	Zışı	Cour	ntry		8. This corporation owes or has paid the cur		
24	25	29	30	,				No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
	arles T. Daniel Jr.		Ī	81	Name			
330 CLUSIA ROSEA STREET			ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PUNTA GORDA FL 33955			-	83				
				53				
			1	84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				ove-	named corpo		changing i	ts registered
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.								registered
SIGNATURE								
	Signature, typed or printed name of registered agent			Agen	t signature require	ed when reinstating) DATE		
12.			13, 1.1 III	16	т	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME			•	1.2 NAME				
STREET ADDRESS 3615 SLEEPY HOLLOW LANE			1.3 STREET ADDRESS		DDRESS			
CITY-SY-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP				
TITLE	VP .	P DELETE 2.1		Œ			Change	Addition
NAME	KING, WILLIAM J			ME	j			J
STREET ADDRESS					ODRESS			ļ
CITY-ST-ZIP	PUNTA GORDA FL			TY-ST	- ZIP		Change	Addition
TITLE NAME	I DANIEL, CHARLES T. JR.	LJ DELETE	3.1 TITLE 3.2 NAME				Cuange	Addition
STREET ADDRESS	330 CLUSIA ROSEA ST.		3.3 STREET		IDDRESS			
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-					
TITLE	S	DELETE	4.1 TIT				Change	Addition
NAME	WARRAM, VIRGINIA		4. 2 N/	AME				ĺ
STREET ADDRESS	6215 RIVERSIDE DR.		4.3 STREET		NDDRESS			
CITY-ST-ZIP	PUNTA GORDA FL		_	TY-ST	ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TIT]		☐ Change	Addition
NAME			5.2 NA					ĺ
STREET ADDRESS			1		IDDRESS			,
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
NAME			6.2 NA					
					DDRESS			1
			1					Ĭ

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 electromed with an address.

SIGNATURE:

-20-98

FILED

Apr 27 1998 8:00am

Secretary of State