PROFIT CORPORATION ANNUAL REPORT  1996			\$225 (IF DISSOLVED)		, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			STATE						
DOCUMENT # \$83698					(8)									
TAQ, INC.														
17100) 111														
Principal Place	of Business			Ма	iling Address						IL BULL UJULL UJULE 11		II MIDIN DIDAR NEDE	
11711 LONGW WEST PALM I		1409			171 LONGWOO FEST PALM BE		33409							
US					IS .					3. Date Incorporated or Qualifie				
2. Principal Pla	ice of Busini	ess		2a.	Mailing Addre					09/30/1991 4. FEI Number	05/0	1/18	Applied For	
1 17) L Suite, Apl. #	.ONGI	1000	RD	26	1711 L Suite, Apt #,	<u> </u>	VOOL	) <i>f</i>	20	65-0284904		\$8.7	Not Applicable  5 Additional	
2	, 610			27	·					5. Certificate of Status Desired	<del>[2]</del>		e Required	
City & State 3 WBST PALM BEACH FL 26					City & State WEST PAUM BE			4 .	FL	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		•	\$5.00 May Be Added to Fees	
Zip 3 340	<b>Y</b> 1	Coun <b>25</b> ]	USA	29	Zip 334	09	30 C	ountry	USA	This corporation has liability fi Florida Statutes	or intangible tax		eris 199 032,	
	9. Name	and Add	ess of Curre		ered Agent			B1	Name	10. Name and Address of New	Registered Age	ent		
	/LOR, F. W I1 LONGW							82		Iress (P.O. Box Number is Not Accept	able)			-
	PALM BCH							83	Oncervac	iliosa (i.,o. cox Hamber is Not Yiesoph				1
								84	City		r	85	Zip Code	-
			007.066	0 100	3.4500 513 33	. 6			′				•	
office or re	distered age	ent, or bo	tn, in the State	of Florida	7.1508, Floridi a. Such chang Section 607.0	e was au	<i>i</i> thorize	ad by	the corporat	poration submits this statement for the ion's board of directors. I hereby according to the contract of the co	purpose or cha ept the appointr	nent.	g its registered as registered	
SIGNATURE	Sonature Typed	or contect ha	ne of registered ag	ect and brie d	applicable	TOWN	Fransie	red Aor	erl signature regu	ired when renstating)	OATE			
12.			OFFICERS AN		TORS	LETE	13			ADDITIONS/CHANGES TO OF	FICERS AND D	REC		(36/8)
TITLE NAME	D Taylof	R, F. MO	RGAN JR			FLIE		TITLE NAME			<u>.                                    </u>	Gilai	ide [_] vonition	4
STREET ADDRESS		ONGWO							ADDRESS					CR2E03
TITLE	D D	PALM BE	AUTI FL		DE	LETE		CITY - S TILLE	51 - 211'			Cha	nge Addition	5
NAME		ÆRN, JÓ WACKER	HNE JR				1	NAME	1000500					
STREET ADDRESS CITY-ST-ZIP	CHICAG		UNIVE					STREET	ST-ZIP					
TITLE	D	A DAVAG	```		DE	LETE		TITLE				Cha	nge Addition	
NAME STREET ADDRESS	CADEN. 1711 LC	NGWO							ADDRESS					
City-ST-ZiP		PALM BE	ACH FL			ιετε		CITY -	ST-ZIP			Cna	nge Addition	-
NAME	D Willhii	re, THO	MAS S.		50	(CIC	1	NAME				Ond	igo [] ridottion	
STREET ADDRESS		ONGWO							ADDRESS					
CITY-ST-ZIP TITLE	MESI I	'ALM BE	ACH FL		DE	LETE	_	CITY - S THILE	ST-ZIP			Cna	nge Addition	1
NAME					4		5.2	NAME						
STREET ADDRESS									ADDRESS					
CITY-ST-ZIP TITLE					DE	LETE		CHTY - :	ο 1 · ΖΙΡ΄			Cha	nge Addition	1
NAME								NAME						
STREET ADDRESS  CITY - ST - ZIP								STREE CITY-:	T ADORESS ST - ZIP					
14 Ldo borob	y certify that	t the infor	mation supplie	d with the	is filing is volum	ntarily fur	nichoc	200	does not our	alify for the exemption stated in Section and accurate and that my signature s	n 119 07(3)(k), hall have the s	Floric	la Statutes I egal effect as if	1
made und that my na	er oath, that me appears	Lam and in Block	officer or direc ≥ or Block 13	or of the change	corporation or ed or on that	the rece	iver or Lwith a	truste in ade	ee empowere dress.	and accurate and that my signature sed to execute this report as required to	y Chapter 617.	Fiori	da Statutes, and	
-		•	1											
SIGNAT	IDE.	X	ALLE	!7	Chelu	ly				6-13-96				