

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 5/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S95442

(7)

1. Corporation Name

J.A.TAC, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:09

Principal Place of Business

18722 SW 91 ST AVE  
MIAMI FL 33157

Mailing Address

18722 SW 91 ST AVE  
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1991

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0308477

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 has liability for intangible tax under s. 190.022,  
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

THOMPSON, JAMES  
18722 SW 91 ST AVE  
MIAMI FL 33157

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D THOMPSON, TARA  
STREET ADDRESS  
18722 SW 91 ST AVE  
CITY - ST - ZIP  
MIAMI FL

TITLE  
NAME  
D HEAVEN, CAROL  
STREET ADDRESS  
18722 SW 91 ST AVE  
CITY - ST - ZIP  
MIAMI FL

TITLE  
NAME  
D THOMPSON, JASON  
STREET ADDRESS  
18722 SW 91 ST AVE  
CITY - ST - ZIP  
MIAMI FL

TITLE  
NAME  
D THOMPSON, JAMES  
STREET ADDRESS  
18722 SW 91 ST AVE  
CITY - ST - ZIP  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

8780765