

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V08857** (7)
1. Corporation Name
T.A.H. INC.



Principal Place of Business
**200 PARK CENTRAL BLVD. SOUTH. SUITE 5
POMPANO BEACH FL 33064**

Mailing Address
**200 PARK CENTRAL BLVD. STH. SUITE 5
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified 01/23/1992	3a. Date of Last Report 04/13/1995
4. FEI Number 65-0354509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HOWARD, THEA R
200 PARK CENTRAL BLVD., SOUTH SUITE 5
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
4. State FL
5. 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 the corporation. (Note: Registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HOWARD, ALLEN J.
STREET ADDRESS	954 S.W. 21ST WAY
CITY-STATE-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> DELETE
NAME	ST HOWARD, THEA R.
STREET ADDRESS	954 S.W. 21ST WAY
CITY-STATE-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. Name	
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100. Name	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 enforces appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 954-970-8989

CR2E034 (12/95)