

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

APR 11 1995 - 1 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V20030** (5)

1. Corporation Name  
**TARGO, INC.**

Principal Place of Business: **511 N. 5TH ST. LANTANA FL 33462**  
Mailing Address: **511 N. 5TH ST. LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/09/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0319023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc. 22. City & State 23. Zip	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. Zip	24. Zip	25. County	29. Zip	30. County
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9. Name and Address of Current Registered Agent

**PAJAMAKI, TIMO  
511 N 5TH ST  
LANTANA FL 33466**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3.	
B4. City	

11. Pursuant to the provisions of sections 607.04(2) and 607.15(6), 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 substance of Section 607.05(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	PD PAJAMAKI, TIMO M
2. STREET ADDRESS	511 N. 5TH ST.
3. CITY & STATE	LANTANA FL 33462
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

16. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		
18. CITY & STATE		
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		
21. CITY & STATE		
22. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS		
24. CITY & STATE		
25. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS		
27. CITY & STATE		
28. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS		
30. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is accurate, truthful and that I am qualified for the position stated in the form filed with the Florida Department of State. I further certify that the information supplied in this filing is required or requested by the Florida Department of State and that I, the undersigned, shall be held liable for any and all such information that is false or otherwise in violation of the provisions of the relevant or relevant provisions of the Florida Statutes, and that my name appears in Block 1, or Block 1 of changes to the information filed with an address.

SIGNATURE: *Tim Pajamaki*

SIGNATURE AND TITLE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/95 (408) 544-3668