

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

9:11 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
03/09/1992

3a. Date of Last Report
04/29/1994

4. FEI Number
65-0319023

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. 199.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. Said 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 607.05(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PD PAJAMAKI, TIMO M 511 N. 5TH ST. LANTANA FL 33462
12.2	NAME	
12.3	NAME	
12.4	NAME	
12.5	NAME	
12.6	NAME	
12.7	NAME	
12.8	NAME	
12.9	NAME	
12.10	NAME	
12.11	NAME	
12.12	NAME	
12.13	NAME	
12.14	NAME	
12.15	NAME	
12.16	NAME	
12.17	NAME	
12.18	NAME	
12.19	NAME	
12.20	NAME	

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	NAME	
13.4	NAME	
13.5	NAME	
13.6	NAME	
13.7	NAME	
13.8	NAME	
13.9	NAME	
13.10	NAME	
13.11	NAME	
13.12	NAME	
13.13	NAME	
13.14	NAME	
13.15	NAME	
13.16	NAME	
13.17	NAME	
13.18	NAME	
13.19	NAME	
13.20	NAME	

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information supplied in this filing is true and correct, and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information supplied in this filing is true and correct, and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/95 (408) 574-3668