

FILED

Mar 13 1998 8:00am  
Secretary of State

<p><b>PROFIT CORPORATION ANNUAL REPORT 1998</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT # V40410 (5)**  
1. Corporation Name  
**TABBRU CORP.**

Principal Place of Business	Mailing Address
728 S WOODLAND BLVD DELAND FL 32720 US	728 S WOODLAND BLVD DELAND FL 32720 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt. #, etc	<b>26</b>	Suite, Apt. #, etc
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>25</b>		<b>30</b>	

DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified <b>05/29/1992</b>			
4. FEI Number <b>59-3125372</b>	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has <u>paid</u> the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
TARR, ROBERT D.  
349 EAST HWY. 434  
LONGWOOD FL 32750

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by me, the undersigned, who is a duly qualified and licensed professional agent, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, being a duly qualified and authorized officer of the above-named corporation submits this statement for the purpose of changing its registered office by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE: Robertan ROBERT TARR PRESIDENT

3/5/98  
DATE:

12.	OFFICERS AND DIRECTORS		13.
TITLE	<b>P</b> <b>TARR, ROBERT D.</b> <b>123 WAGON WHEEL WAY</b> <b>LAKE MARY FL</b>	<input type="checkbox"/> DELETE	1
NAME			1
STREET ADDRESS			1
CITY - ST - ZIP			1
TITLE		<input type="checkbox"/> DELETE	2
NAME			2
STREET ADDRESS			2
CITY - ST - ZIP			2
TITLE		<input type="checkbox"/> DELETE	3
NAME			3
STREET ADDRESS			3
CITY - ST - ZIP			3
TITLE		<input type="checkbox"/> DELETE	4
NAME			4
STREET ADDRESS			4
CITY - ST - ZIP			4
TITLE		<input type="checkbox"/> DELETE	5
NAME			5
STREET ADDRESS			5
CITY - ST - ZIP			5
TITLE		<input type="checkbox"/> DELETE	6
NAME			6
STREET ADDRESS			6
CITY - ST - ZIP			6
TITLE		<input type="checkbox"/> DELETE	7
NAME			7
STREET ADDRESS			7
CITY - ST - ZIP			7

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robertan Robert FARR PRESIDENT 3/5/98 904 734 8000

CR2E034 (10/97)