FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990	DIVISION OF	CONFONATIONS		
1. Corporation	MENT # V5978 TAT, INC.	8 (2)		1 1880 J BINDI BINDI GAND GAND GAND GAND GAND GAND GAND GAND	HIJ DIEN BOOK DEDN DIEN 1884
Principal Place		Mailing Address			
2440 S.E. FEC	DERAL HWY.	2440 S.E. FEDERAL HW	Y.		
STUART FL 34994		B Stuart Fl 34994		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
	_			08/24/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0355652	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State		 	Fee Required
23	3	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre		1991	10. Name and Address of New Registers	
PIE	CHOTA, MARILYN		81 Name		
	IO PERIMETER RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PALM CITY FL 34990					
			83		
			84 City		85 Zip Code
				<u> </u>	L
11. Pursuant to office or re	o the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida S tatu e of Florida. Such chang e wa s	ites, the above-named corp authorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
agent. Lar	m la miliar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statutes.	,	
SIGNATURE ;	Signature, typed of printed name of registered ag	AND and title it anoticable. (A)	TE: Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PIECHOTA, MARILYN		1.2 NAME		
STREET ADDRESS	3240 PERIMETER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY+ST-ZIP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	***		2.4 CITY-ST-ZIP	<u> </u>	
TITLE		OELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		}
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: MANILOW A

3-17-98

561-283-6481

FILED

Mar 20 1998 8:00am

Secretary of State