DOOL	INACNIT 4 1/727	IESS REPORT			<u></u>		
DOCUMENT # V73235 1. Entity Name TA TNC			≈ •		FILED		
KEIN PIL					O2 APR 30 PM 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business					_		
PO 1307 085 Suite, Apt. #, etc.		PUBO 100	PUBOP 1085				
Sity & State		Suite, Apt: #, etc.	Suite, Apt. #, etc.		04-11-01 90093 OUU \$150.00		
PACH HARBOK			PACM HARBOR		4. FEI Number Applied For 59-3(48309 Not Applicable		
3468	2 Country	3 4 6 82	Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
	,		Name all	7. Ni	ame and Address of Current Registere	d Agent	
	VRITE	Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			142,	1421 Columbia ave			
9. The above		'	City Palm Harbor FL 310 Code 33				
o. The above	e named entity submits this statement	for the purpose of changing its reg	gistered office or regis	stered ag	ent, or both, in the State of Florida.	, ,	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when re	3/2/0 einstating) DATE		
Tax filling requirement and elects to do so. After May 1.			1 Fee is \$150.00 Fee is \$550.00 /BR is \$61.25 to Department of \$	State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	aline FOERPER		TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	Pg Box 1085		NAME STREET ADDRESS CITY-ST-ZIP	800005451968 -05/06/0201017- ***** 16 0 00 ****			
TITLE NAME	Elizabeth Harton Po Box 1085 Palm Harbor El	7 Vice President	TITLE NAME		72 me	**** 65 0.00	
STREET ADDRESS CITY-ST-ZIP	Palm Harbor Fl	34682	STREET ADDRESS CITY-ST-ZIP	Com			
T/TLE NAME	Karl Journam	Treasurer	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	Janlon 1			DO NOT WRITE			
Secretary			TITLE .	7	IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP	Palm Harbor Fl	34682	STREET ADDRESS CITY-ST-ZIP		,		
TITLE NAME	,		TITLE NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME			TITLE		14 11/20		
STREET ADDRESS CITY-ST-ZIP	•		NAME STREET ADDRESS CITY-ST-ZIP		10.0/		
13. I hereby co	poration or the receiver or trustee emit	this filing does not qualify for the strue and accurate and that my sometime to execute this report of	exemption stated in S	Section 1 same le 607, Flori	19.07(3)(i), Florida Statutes. I further certigal effect as if made under oath; that I are da Statutes; and that my name appears	fy that the information n an officer or director	
attachmon	it with an address with all ather the	anawarad	, , ,			UT DIOCK I I OF OFF ACT	
attachmen	URE: Sline M . O	, ,	midel !		por		

4-20-02 / Le armal report for 2001 was received by your office on or about april 11, 20d. Please see back of concelled check. The UBR was returned to me because I reglected to sign it before He first submession. I signed and returned it withen 30 days of the april 12, 200 motice Please contact me if the documentation attacked does not clarify the error in KESA, lucis. Tlank you