

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90009 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---

DOCUMENT # K97896 (0)

1. Corporation Name
The Tabor Agency, Inc.

Principal Place of Business 13504 Whispering Lake Lane Palm Bch Gardens, Fl 33418	Mailing Address 13504 Whispering Lake Lane Palm Bch Gardens, Fl 33418
---	---

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 06/26/1989

4. FEI Number: 65-0140375 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 owes the current year intangible Personal Property Tax. Yes No

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
Tabor, Bernice
13504 Whispering Lake Lane
Palm Bch Gardens Fl 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	NAME: Tabor, Bernice <input type="checkbox"/> DELETE	1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13504 Whispering Lakes L	CITY - ST - ZIP: Palm Beach Grdns Fl	1.2 NAME:
		1.3 STREET ADDRESS:
		1.4 CITY - ST - ZIP:
TITLE:	NAME: <input type="checkbox"/> DELETE	2.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		2.2 NAME: Tabor, Martin
CITY - ST - ZIP:		2.3 STREET ADDRESS: 7320 SW 146 Terr
		2.4 CITY - ST - ZIP: Miami, Fl 33158
TITLE:	NAME: <input type="checkbox"/> DELETE	3.1 TITLE:
STREET ADDRESS:		3.2 NAME:
CITY - ST - ZIP:		3.3 STREET ADDRESS:
		3.4 CITY - ST - ZIP:
TITLE:	NAME: <input type="checkbox"/> DELETE	4.1 TITLE:
STREET ADDRESS:		4.2 NAME:
CITY - ST - ZIP:		4.3 STREET ADDRESS:
		4.4 CITY - ST - ZIP:
TITLE:	NAME: <input type="checkbox"/> DELETE	5.1 TITLE:
STREET ADDRESS:		5.2 NAME:
CITY - ST - ZIP:		5.3 STREET ADDRESS:
		5.4 CITY - ST - ZIP:
TITLE:	NAME: <input type="checkbox"/> DELETE	6.1 TITLE:
STREET ADDRESS:		6.2 NAME:
CITY - ST - ZIP:		6.3 STREET ADDRESS:
		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)(f), 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARTINA TABOR, SECRETARY
Date: 4/29/99
Daytime Phone # _____

CR2E034 (1/79)