

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000044094 (7)

1. Corporation Name
TAB-1 INTERNATIONAL, INC.



Principal Place of Business: 1918 SE PORT ST LUCIE BLVD, PORT ST LUCIE FL 34952
Mailing Address: 1918 SE PORT ST LUCIE BLVD, PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report: —

2. Principal Place of Business: 21 10223 SE LENNARD RD, 22 Sub. Apt. # etc
2a. Mailing Address: 26 10223 SE LENNARD RD, 27 Sub. Apt. #, etc

4. FEI Number: 65-0598132
Applied For: Not Applicable

23 City & State: Port St Lucie FL
28 City & State: Port St Lucie FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24 Zip: 34952, 25 Country: St Lucie
29 Zip: 34952, 30 Country: St Lucie

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

9. Name and Address of Current Registered Agent
GROUZDEV, SERGUEI
1918 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name: GROUZDEV SERGUEI
82 Street Address (P.O. Box Number is Not Acceptable): 10223 SE LENNARD RD
83
84 City: Port St Lucie FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of principal place of business agent and, if applicable, (NOTE: Registered Agent signature required where applicable)

(NOTE: Registered Agent signature required where applicable)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GROUZDEV, SERGUEI	1.2 NAME	GROUZDEV, SERGUEI
STREET ADDRESS	1918 SE PORT ST LUCIE BLVD	1.3 STREET ADDRESS	10223 SE LENNARD RD
CITY-ST-ZIP	PORT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	Port St Lucie FL 34952
TITLE	Olga Nemetz	2.1 TITLE	
NAME	Olga Nemetz	2.2 NAME	
STREET ADDRESS	10223 SE LENNARD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	Port St Lucie FL 34952	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Olga Nemetz* 4/15/96 407(398-1544)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block)

CR2E034 (3/96)