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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

Principal Place of Business

12755 INDIAN ROCKS RD.

DOCUMENT # 691846

HOME INCOME TAX SERVICE, INC.

(0)

Mailing Address

12755 INDIAN ROCKS RD.

J. D'Amaro, Formerly Tax Soruita, INC

FILED

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TALLAHASSEE, FLORIDA



LARGO FL 348	14-2304			LARGO FL 33774-2304									
								06/23/1981 05/01			of Last Report		
2. Principal F	lace of Busin	ess		2a. Mailing Address					4. FEI Number			A	pplied For
21				26					59-2792401			N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		]		Additional equired
City & Stat	le			City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24		Country 25		29 Z	ıρ	30 Cou	intry	,	8. This corporation has liability for Florida Statutes		ngible ti es 🏻		s. 199,032,
	9. Name	and Address o	f Current R	egister	ed Agent	- <del>  -   -   -   -   -   -   -   -   -  </del>			10. Name and Address of New	Regis	tered A	gent	
D'AN	MARO, JOSE	PH J, JR			<del></del>		81	Name					
12755 INDIAN ROCKS RD.							82	Street Ar	ddress (P.O. Box Number is Not Accept	tehle)			
LAR	30 FL 3354	4						Olibel Al	daress (F.O. Dox Namber is Not Accep-	labie			
							83						
							В4	City			<del></del>	<b>85</b> Zip	Code
							اتا	City			FL	<b>65</b>   Zip	0006
11. Pursuant office or agent. La	to the provisi registered agam am familiar wil	ons of Sections ent, or both, in t h, and accept t	607.0502 a the State of I the obligation	nd 607. Florida ns of, S	.1508, Florida Stat Such change wat ection 607.0505, I	utes, the al s authorize Florida Stat	bove d by utes	e-named corpo the corpo	orporation submits this statement for the ration's board of directors. I hereby according to the result of the ration's board of directors.	e purp cept th	ose of one appoint	changing intment as	its registered registered
SIGNATURE	<del></del>		·										· · · · · · · · · · · · · · · · · · ·
12.	Signature, typod	or printed name of re	gistered agent ar CERS AND D			OTE: Registere	d Age	ant signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF		DATE S. ANID. 1	DIRECTO	DC IN 12
TITLE	DP	OFFIC	ZENO ANU D	INCOIL	DELETÉ	1.1 TI	T(F		ADDITIONS/CHANGES TO OH	TOEN		Change	Addition
NAME	_,	JOSEPH J,	JR		La Decemb	1.2 N/					L		
STREET ADDRESS	12755 IND	IAN ROCKS	RD.			1		ADDRESS					
CITY-ST-ZIP	LARGO FL							T-ZIP					
TITLE					DELETE	2.1 Tr		11-511				Change	Addition
NAME						2.2 N/						_ *	
STREET ADDRESS	]					1		ADDRESS					
CITY-ST-ZIP								ST-ZIP					
TITLE	<del>                                     </del>				☐ DELETE	3.1 TI			300002 -07/3			Change	☐ Addition
NAME						3.2 N/	AME	j	300002	2	521	313	
STREET ADDRESS						3.3 \$1	REET	ADDRESS	-07/3	07.3	(0)	1083	UIU
CITY-ST-ZIP						3 4. C	ITY-S	ST-ZIP	****	55U.	. UU	<b>申米米米</b>	550.00
TITLE					DELETE	4.1 To	TLE					Change	☐ Addition
NAME						4.2 N	AMÉ						
STREET ADDRESS						4.3 S1	REET	ADDRESS					
CITY-ST-ZIP						4.4 CI	<u> 17 - S</u>	51 - ZIP					
TITLE					☐ DELETE	5.1 Ŧſ	TLE					Change	Addition
NAME	[					5.2 N/	AME						
STREET ADDRESS						5.3 S1	REET	ADDRESS					
CITY-ST-ZIP						5.4 C	TY-S	T-ZIP					
TITLE					DELETE	6.1 TI	TLE					Change	Addition
NAME	]				•	6.2 N/	AME		J 12N1				
STREET ADDRESS						6.3 \$1	REET	ADDRESS	TXV				
CITY - ST - ZIP						6.4 CI	TY-S	T-ZIP	( )				

14. I do 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.