FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J89215

(4)

DOCUMENT # 1. Corporation Name

SOUTHERN TAX SERVICES, INC.

Principal Place of Business C/O LEVI, RATTNER. CAHLIN AND COMPANY 20590 WEST DIXIE HIGHEAY NORTH MIAMI BEACH FL 33180 US Mailing Address C/O LEVI, RATTNE. CAHLIN AN 205990 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180 US						OMPANY	3					Benort
••							•	Date incorporated or Qu 08/25/1987		3a. Date)5/01/1	1995
2. Principal Place of Business			2a. Mailing Address			and and a dealer of Arabi Salam , strate the		FEI Number 59-284 1956				Applied For Not Applicable
Suite, Apt #	tate	26	Suite, Apt. #, etc.		-						\$8.7	5 Additional
22	e, etc.	27	Surie, April #, etc.				5.	Certificate of Status Des	ired			Required
City & State			City & State				6.	Election Campaign Finar	ncing		\$5.0	00 May Be
23		28						Trust Fund Contribution		L	•	ed to Fees
Ζφ 	Country	<u> </u>	Zip	Cou	ntry			This corporation has liab Florida Statutes	oility for Ye:	_	x under s	s 199.032,
24	9. Name and Address of Curren	29 t Benist	ered Agent	30				Name and Address of	=		Agent	
					81	Name	<u></u>					
	NACH, CHRISTINE K.				82	Street Add	dress (P.0	O. Box Number is Not A	ccepta	iblei		
2023 HOLLYWOOD BLVD.												
HOLLY	WOOD FL 33020				83							
				ŀ	84	City				F-1	85 Z	Zip Code
44 (1)	o the provisions of Sections 607.0502	enei 6:02	1500 Florido Otologo	ss. the aka			scation s	shouts this statement for	tho o	FL.	noise ite	registered office
or registere familiar with SIGNATURE _	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	na Such on 607.0	change was authoriz 505, Florida Statutes	ed by the c s.	югью	oration's boa	ard of dir	rectors. Thereby accept	the app	pointment as	reg:stere	ed agent. I am
	Signature, speed or printed name of registers; agent OFFICERS ANS			NE Registered	A,per l	t signature rispin		ristating) ADDITIONS/CHANGES	TO OF	DATE SICERS AND	DIBLOT	OBS IN 12
12.	PO		DELETE	1 1 II	TLE	T		ABBITIONS OF INITIAL O			Change	
NAME	CATTANACH, CHRISTINE K		Ba and	1 2 N/						_	_	
STREET ADDRÉSS	2023 HOLLYWOOD BLVD.			1381	HEFT	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 330	19		14 CI	Y - S	ZIP						
TITLE			DELETE	2 1 T	TLF] Change	Addition
NAME				2 2 N	ME							
STREET ADDRESS				2351	REET	ADDRESS						
CITY - ST - ZIP			C) DELETE	2 4 CI		T - ZIP					☐ Change	e 🔲 Addition
TITLE			DELETE	3 1 TO 3 2 NA						L	_ change	Addition
NAME STREET ADDRESS						ADDRESS				•		
CITY-ST-ZIP				3 4 Ci								
TITLE			DELETE	4 1 1						[Change	e 🔲 Addition
NAME				42 N	ME							
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4.01	1 Y - S	1 - 7IP						
TITLE			☐ DELETE	5 1 T	TL E					[Change	Addition
NAME				5 2 NA	:ME							
STREET ADDRESS				5 3 ST	REET	ADDRESS						
CITY-ST-ZP			FIDELETE	5 4 0		T - ZIF					T Chance	
TITLE			☐ DELETE	6 1 T						l	Change	e [Addition
NAME				6 2 N/		ADDOLOS .						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP 14. Ldo herebi	y certify that the information supplied i	with this	fino is voluntarily fun	640) nished and			ofor the c	exemption stated in Sect	ion 119	9.07(3)(k). Fic	rida Stat	tutes. I further
certify that oath; that	the information indicated on this arms I am an officer of director of the corpo Block 12 or Block 13 if changed, or o	ia report ration oi	t or supplemental ann the receiver or truste	nual report i se empower	s tru	ie and accur	irate and	that my signature shall f	nave th	e same legal	effect as	s if made under

SIGNATURE: MUSTING ASSENTING OFFICER OR DIRECTOR

5/1/96 954-925-3141