

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 351116 (9)

1. Corporation Name  
**TAX-DOLLARS, INC.**



Principal Place of Business: 6845 PEMBROKE RD. HOLLYWOOD FL 33023  
Mailing Address: 6845 PEMBROKE RD. HOLLYWOOD FL 33023

3. Date Incorporated or Qualified: 08/21/1969  
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business: 21 2400 CHELSEA STREET, Suite, Apt. #, etc. 22 40 LACY PRATT, City & State 23 ORLANDO FL, Zip 24 32803-2124, Country 25 U.S.A.  
2a. Mailing Address: 26 2400 CHELSEA STREET, Suite, Apt. #, etc. 27 40 LACY PRATT, City & State 28 ORLANDO FL, Zip 29 32803-2124, Country 30 U.S.A.

4. FEI Number: 59-1317268, 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: PRATT, LACY, 6845 PEMBROKE RD., HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent: 81 Name: LACY PRATT, 82 Street Address (P.O. Box Number is Not Acceptable): 2400 CHELSEA STREET, 83, 84 City: ORLANDO, FL 85 Zip Code: 32803-2124

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: LACY PRATT (typed), LACY PRATT (handwritten), DATE: 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRATT, LACY	
STREET ADDRESS	6845 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRATT, KEVIN	
STREET ADDRESS	6845 PEMBROKE ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PRATT, KAREN	
STREET ADDRESS	6845 PEMBROKE ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRATT, LACY	
1.3 STREET ADDRESS	2400 CHELSEA STREET	
1.4 CITY-ST-ZIP	ORLANDO FL 32803-2124	
2.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRATT, KEVIN	
2.3 STREET ADDRESS	10623 SOUTH STREET	
2.4 CITY-ST-ZIP	GARRETTVILLE, OHIO 44231-1108	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALCHER, KAREN	
3.3 STREET ADDRESS	2400 CHELSEA STREET	
3.4 CITY-ST-ZIP	ORLANDO FL 32803-2124	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LACY PRATT (handwritten), DIRECTOR, DATE: 4-16-96, TELEPHONE: (407) 898-7000

CR2E034 (12/95)