

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 380948

(0)

95 MAY 11 AM 10:39

1. Corporation Name
TAX AND ESTATE PLANNING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **10155 COLLINS AVE. #1804 BAL HARBOUR FL 33154**
Mailing Address: **10155 COLLINS AVE. #1804 BAL HARBOUR FL 33154**

DO NOT WRITE IN THIS SPACE

2. Filing a Change of Name		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	27		04/22/1971	04/22/1994
22. State App. # etc.		27. State App. # etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1676334	Not Applicable
24. Country	25. Country	29. Country	30. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
ADAMS, ANNETTE R 2020 NE 121 ROAD MIAMI, FL N. MIAMI FL 33181				8. This corporation has liability for intangible tax under S. 199(1)(2), Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City	
				FL B5 Zip Code	

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 certain I will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	P NAME: ROSENFELD, SAM L STREET ADDRESS: 10155 COLLINS AVE #1804 CITY & STATE: BAL HARBOUR FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME: ROSENFELD, REGINA A STREET ADDRESS: 10155 COLLINS AVE #1804 CITY & STATE: BAL HARBOUR FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME: ROSENFELD, SAM L. STREET ADDRESS: 10155 COLLINS AVE #1804 CITY & STATE: BAL HARBOUR FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	SD NAME: ROSENFELD, ANNETTE STREET ADDRESS: 2020 N.E. 121 RD. CITY & STATE: N. MIAMI FL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information furnished 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 of this filing. I do not have any other attachments with an address.

SIGNATURE: *Sam L. Rosenfield* **Sam L. Rosenfield** *5/3/95* **305-935-2590**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR