

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **380948** (0)

1. Corporation Name:
TAX AND ESTATE PLANNING, INC.



Principal Place of Business

Mailing Address

10155 COLLINS AVE.
#1804
BAL HARBOUR FL 33154

10155 COLLINS AVE.
#1804
BAL HARBOUR FL 33154

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1971

3a. Date of Last Report

05/11/1995

4. FEI Number

59-1676334

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 No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, ANNETTE R
2020 NE 121 ROAD
MIAMI, FL
N. MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Signatures must be typed)

Signature of Agent (Signatures must be typed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-------------------------|---------------------------------|
| 11 TITLE | P | <input type="checkbox"/> DELETE |
| 12 NAME | ROSENFELD, SAM L | |
| 13 STREET ADDRESS | 10155 COLLINS AVE #1804 | |
| 14 CITY-ST- ZIP | BAL HARBOUR FL | |
| 15 TITLE | D | <input type="checkbox"/> DELETE |
| 16 NAME | ROSENFELD, REGINA A | |
| 17 STREET ADDRESS | 10155 COLLINS AVE #1804 | |
| 18 CITY-ST- ZIP | BAL HARBOUR FL | |
| 19 TITLE | D | <input type="checkbox"/> DELETE |
| 20 NAME | ROSENFELD, SAM L. | |
| 21 STREET ADDRESS | 10155 COLLINS AVE #1804 | |
| 22 CITY-ST- ZIP | BAL HARBOUR FL | |
| 23 TITLE | SD | <input type="checkbox"/> DELETE |
| 24 NAME | ROSENFELD, ANNETTE | |
| 25 STREET ADDRESS | 2020 N.E. 121 RD. | |
| 26 CITY-ST- ZIP | N. MIAMI FL | |
| 27 TITLE | | <input type="checkbox"/> DELETE |
| 28 NAME | | |
| 29 STREET ADDRESS | | |
| 30 CITY-ST- ZIP | | |
| 31 TITLE | | <input type="checkbox"/> DELETE |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST- ZIP | | |

| | | |
|-------------------|--|---|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST- ZIP | | |
| 15 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME | | |
| 17 STREET ADDRESS | | |
| 18 CITY-ST- ZIP | | |
| 19 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME | | |
| 21 STREET ADDRESS | | |
| 22 CITY-ST- ZIP | | |
| 23 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME | | |
| 25 STREET ADDRESS | | |
| 26 CITY-ST- ZIP | | |
| 27 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME | | |
| 29 STREET ADDRESS | | |
| 30 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Sam L Rosenfield* Sam L Rosenfield, Pres 2/12 305-457-4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)