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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 380948 (0)
 1. Corporation Name
TAX AND ESTATE PLANNING, INC.



Principal Place of Business: **10155 COLLINS AVE. #1804 BAL HARBOUR FL 33154**
 Mailing Address: **10155 COLLINS AVE. #1804 BAL HARBOUR FL 33154-1629**

3. Date Incorporated or Qualified: **04/22/1971** 3a. Date of Last Report: **02/16/1996**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent: **ADAMS, ANNETTE R 2020 NE 121 ROAD MIAMI, FL N. MIAMI FL 33181**
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ROSENFIELD, SAM L <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFIELD, SAM L	1.2 NAME	
STREET ADDRESS	10155 COLLINS AVE #1804	1.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	1.4 CITY- ST- ZIP	
TITLE	D ROSENFIELD, REGINA A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFIELD, REGINA A	2.2 NAME	
STREET ADDRESS	10155 COLLINS AVE #1804	2.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	2.4 CITY- ST- ZIP	
TITLE	D ROSENFIELD, SAM L <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFIELD, SAM L	3.2 NAME	
STREET ADDRESS	10155 COLLINS AVE #1804	3.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	3.4 CITY- ST- ZIP	
TITLE	SD ROSENFIELD, ANNETTE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFIELD, ANNETTE	4.2 NAME	
STREET ADDRESS	2020 N.E. 121 RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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 in an attachment with an address.

SIGNATURE: *Sam L Rosenfield* Printed: **Sam L. Rosenfield** Date: **3/17/97** Daytime Phone #: **954-457-4367**

CR2E034 (9/96)