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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F67967

(2)

FILED Jan 23 1998 8:00am Secretary of State

| T & J TAX SERVICE, INC. | | | | | | | | | |
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| ` | e of Business | Mailing Address | | | | | | 41411 41511 41 | |
| 11600 NW 7 AVE. 11600 NW 7 AVE. MIAMI FL 33168 MIAMI FL 33168 | | | | | | | | | |
| MIAMI EL 33 | 1100 | MIAMI FL 33168 | | | | DO NOT WRITE | E IN THIS S | SPACE | |
| | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | 02/22/1982 | | | |
| · · | face of Business | 2a. Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | | 59-2162536 | | И | ot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional |
| City & Stat | 20 | 27 | | | | | | | equired |
| City & State | | City & State | | | 6. Election Campaign Financing | - | | May Be | |
| Zip | Country | Zip | Cour | oto/ | | Trust Fund Contribution | -1-1-1 | | to Fees |
| 24 | 25 | 29 | 30 | ili y | | This corporation owes or has pa Personal Property Tax due June | | | tangible No |
| | 9. Name and Address of Curren | 1 | 1001 | | | 10. Name and Address of New Re | | | <u> </u> |
| JA | SLOW, LEE | | | 81 N | ame | | | | |
| i | 021 WINDOVER WAY | | H | 82 Si | root Addro | ss (P.O. Box Number is Not Acceptate | inio) | | |
| | VIE FL 33331 | | | u z 31 | ileer voore | iss (F.O. box Number is Not Acceptat | sie) | | |
| | | | [| 83 | | | | | |
| | | | | 84 C | h. | | | loci 7:n | Code |
| | | | | | • | | FL | 1 1 1 | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statu | utes, the ab | ove-na | med corpo | oration submits this statement for the pon's board of directors. I hereby accept | ourpose of | changing i | ts registered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, F | Florida Statu | ites. | COLPORALIC | ers board of directors, thereby accep | pt the app | omunent as | registered |
| SIGNATURE | | | | | | | | | |
| | Classical based or adolest some of analytical and | | | | | | | | |
| 10 | Signature, typed or printed name of registered age | | | Agent sig | nature required | d when reinstating) | DATE | DIDECTO | 20.01.10 |
| 12. | OFFICERS ANI | DIRECTORS | 13. | | gnature required | d when reinstating) ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | OFFICERS AND | | 13. 1,1 TITL | LE | gnature required | | | DIRECTOR | RS IN 12 |
| TITLE NAME | OFFICERS AND PD JASLOW, LEE | DIRECTORS | 13. 1.1 TITL 1.2 NAM | LE ME | | | | | |
| TITLE NAME STREET ADDRESS | OFFICERS AND PD JASLOW, LEE 15021 WINDOVER WAY | DIRECTORS | 13. 1.1 TITL 1.2 NAM 1.3 STR | LE ME REET ADDI | RESS | | | | |
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4. I 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 on an attachment with an address.

SIGNATURE:

any TOTOW QUIRED

1/12/98

305-681-1021