

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003141 (8)

1. Corporation Name

OPERATING TAX SPECIALIST, INC.

Principal Place of Business

8181 NW 36TH ST
STE 28
MIAMI FL 33166
US

Mailing Address

8181 NW 36TH ST
STE 28
MIAMI FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0132 and 607.1548, Florida Statutes, the above named corporation's board of directors hereby accept the appointment as registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	PCD	URITIS, AL	☐ DELETE
12.2	STREET ADDRESS	8721 N.W. 19 ST.		
12.3	CITY-STATE-ZIP	PEMBROKE PINES FL		
12.4	NAME	VDT	MERRELL, CHANDLER	☐ DELETE
12.5	STREET ADDRESS	4785 MINDEN CHASE		
12.6	CITY-STATE-ZIP	ALPHARETTA GA		
12.7	NAME	SD	ZEIHER, DAVE	☐ DELETE
12.8	STREET ADDRESS	8721 S.W. 208 TERR		
12.9	CITY-STATE-ZIP	MIAMI FL		
12.10	NAME			☐ DELETE
12.11	STREET ADDRESS			
12.12	CITY-STATE-ZIP			
12.13	NAME			☐ DELETE
12.14	STREET ADDRESS			
12.15	CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	STREET ADDRESS	
13.3	CITY-STATE-ZIP	
13.4	NAME	☐ Change ☐ Addition
13.5	STREET ADDRESS	
13.6	CITY-STATE-ZIP	
13.7	NAME	☐ Change ☐ Addition
13.8	STREET ADDRESS	
13.9	CITY-STATE-ZIP	
13.10	NAME	☐ Change ☐ Addition
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	STREET ADDRESS	
13.15	CITY-STATE-ZIP	
13.16	NAME	☐ Change ☐ Addition
13.17	STREET ADDRESS	
13.18	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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 person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL URITIS
PRESIDENT

3/11/96

(305) 597-8500

CR2E034 (12/95)