PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800005894

FAST TAX SERVICE OF FLORIDA, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90101 027 ***150.00

FAST TAX SERVICE OF FLORIDA, INC.										
Principal Place	of Business	Mailing Address					JERBI BILDI I		H 0101 H001	
	Ţ.									
631 MILAM STREET 631 MILAM STREET SHREVEPORT LA 71101 SHREVEPORT LA 71101						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		-]
						10/22/1998				
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address						ied For]
21		26				72-1428839	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
ر من ک 22	1e 103	27 Suite 1				-				-
City & State	e e	City & State				6. Election Campaign Financing	- 11			
23		Zip Country				Trust Fund Contribution				
Zip	Country	Zip	_	nıry		8. This corporation owes the current year Int	angible Yes	ħ.	No.	
24	25 25 Comment	29 3	0			Personal Property Tax. 10. Name and Address of New Registered				1
Name and Address of Current Registered Agent					Name	TO REAL BIR AGGIOGO OF NOW HOSTING				1
ROS	ENKRANZ, STANLEY W									-
201 EAST KENNEDY BLVD., STE 1000			-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
1	PA FL 33602	,	-	83						1
	.,,,,,									-
1				84	City	FL	85 2	Zip Co	ae	
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										
	Signature, typed or printed name of registered agent			Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIDE	CTOB	S IN 12	1 3
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AF	☐ Char		Addition	1
TITLE !				1.1 TITLE				.90		
NAME	LINCOVE, ARNOLD M		1.2 NAME							
STREET ADDRESS	401 MARKET STREET, #500			1.3 STREET ADDRESS						}
CITY-ST-ZIP				1.4 CITY-ST-ZIP			Char	nge	Addition	† {
TITLE	V DUID ID	- OCEE16	2.2 NAME				_	•	_	
NAME	NIMMO, PHILIP 631 MILAM ST.		2.3 STREE		ADDDESS.	المرابط والمراز الرواية ومراسطون الراث				
STREET ADDRESS	SHREVEPORT LA		2.4 CITY-5		1					
CITY-ST-ZIP	ST ST	☐ DELETE	3.1 TITLE				☐ Char	ıge	Addition	1
NAME	EASOM, JOHN M	_	3.2 NAME							
STREET ADDRESS	631 MILAM ST.		3.3 STREE		ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE	CEO	☐ DELETE	4.1 TITLE				Char	nge	☐ Addition	
NAME	HORTON, DONALD L		4. 2 NAME							
STREET ADDRESS	631 MILAM ST.		4.3 STREE		ADDRESS .					
CTY-ST-ZIP	SHREVEPORT LA		4.4 CITY-5		· ZIP	<u> </u>				
TITLE	;	☐ DELETE	5.1 TITLE				☐ Char	nge	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS	ıs.		5.3 ST	5.3 STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						4
TITLE		☐ DELETE 6.		TITLE			☐ Char	ng e	Addition Addition	
NAME	6.		6.2 NA	6.2 NAME						
STREET ADDRESS	EET ADDRESS			REET	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP					J

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 supply mental 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 of 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 the anatomic with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eason 3-9-9

5 5/8-636-3279 Daytime Phone #