

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J05409** (4)

1. Certificate Number

TAX SHELTER ASSOCIATES, INC.

Principal Place of Business
**87 E. PROSPECT RD.
FT. LAUDERDALE FL 33334**

Mailng Address
**87 E. PROSPECT RD.
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1986	4. Date of Last Report 08/12/1994
5. Certificate Number 59-2654692	6. Applied For Not Applicable
7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	8. \$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under s. 199(3), Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. State Apt. # etc. 22	3a. State Apt. # etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent

**BRENNAN, FRANK J
87 E. PROSPECT ROAD
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81. Name Sharran LeGette Brennan
82. P.O. Box Number is Not Acceptable 87 E. Prospect Road
83. City Ft. Lauderdale
84. Zip Code FL 33334

11. Pursuant to the provisions of sections 607.0505 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 provisions of sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

7-18-95

12. OFFICERS AND DIRECTORS	
12a. NAME DP BRENNAN, FRANK J	12b. STREET ADDRESS 87 E. PROSPECT RD. FT. LAUDERDALE FL
12c. CITY FT. LAUDERDALE	12d. STATE FL
12e. ZIP 33334	12f. COUNTRY USA
12g. TITLE President	12h. DATE 7/19/95
12i. SIGNATURE <i>[Signature]</i>	12j. DATE 7/19/95
12k. NAME SHARRAN LEGETTE BRENNAN	12l. STREET ADDRESS 87 E. PROSPECT RD. FT. LAUDERDALE FL
12m. CITY FT. LAUDERDALE	12n. STATE FL
12o. ZIP 33334	12p. COUNTRY USA
12q. TITLE President	12r. DATE 7/19/95
12s. SIGNATURE <i>[Signature]</i>	12t. DATE 7/19/95

13. NAME President Brennan, Sharran LeGette	13a. Change ☒ Add ☐
13b. STREET ADDRESS 87 E. Prospect Rd. Ft. Lauderdale, FL 33334	13c. Change ☐ Add ☐
13d. CITY FT. LAUDERDALE	13e. Change ☐ Add ☐
13f. STATE FL	13g. Change ☐ Add ☐
13h. ZIP 33334	13i. Change ☐ Add ☐
13j. COUNTRY USA	13k. Change ☐ Add ☐
13l. TITLE President	13m. Change ☐ Add ☐
13n. DATE 7/19/95	13o. Change ☐ Add ☐
13p. SIGNATURE <i>[Signature]</i>	13q. DATE 7/19/95

14. I hereby certify that the information furnished with this filing is substantially true and correct and equally for the corporation states its tax liability for the year 1994. I am familiar with and accept the provisions of sections 607.0505 and 607.1508, Florida Statutes. I am familiar with and accept the provisions of sections 607.0505 and 607.1508, Florida Statutes. I am familiar with and accept the provisions of sections 607.0505 and 607.1508, Florida Statutes. I am familiar with and accept the provisions of sections 607.0505 and 607.1508, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharran LeGette Brennan

7-18-95