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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:25

DOCUMENT # **J83833** **(0)**

1. Corporation Name
FOREIGN TAX LAW PUBLISHERS, INC.

Principal Place of Business
619 FERN AVENUE
HOLLY HILL FL 32117
US

Mailing Address
PO BOX 2189
ORMOND BEACH FL 32175
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2839749 — 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

9. Name and Address of Current Registered Agent
DOUGLAS A. DANIELS, ESQ.
149-F SOUTH RIDGEWOOD AVENUE., #120
~~406 NORTH WILD OLIVE AVENUE~~
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required after recording) (AR)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BUCKINGHAM, SONDRA	12 NAME	
STREET ADDRESS	112 CENTER STREET	13 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	WOLFF, SANDRA L.	22 NAME	
STREET ADDRESS	495 6TH STREET	23 STREET ADDRESS	
CITY ST ZIP	HOLLY HILL FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BUCKINGHAM, CLIFFORD	32 NAME	
STREET ADDRESS	112 CENTER STREET	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. 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: Sondra Buckingham
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR
Sondra Buckingham

1/13/95 (904) 253-5785
Date Daytime Phone #

0013137 CP