

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J93018

(6)

1. Corporation Name
TAX AND CONSULTING SERVICE, INC.

Principal Place of Business

979 CROTON ROAD
MELBOURNE FL 32935
US

Mailing Address

979 CROTON ROAD
MELBOURNE FL 32935-3153
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ROCCAFORTE, ADRIANE L.
979 CROTON ROAD
MELBOURNE FL 32935

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

Change Addition

14.5 TITLE
14.6 NAME
14.7 STREET ADDRESS
14.8 CITY-ST-ZIP

Change Addition

14.9 TITLE
14.10 NAME
14.11 STREET ADDRESS
14.12 CITY-ST-ZIP

Change Addition

14.13 TITLE
14.14 NAME
14.15 STREET ADDRESS
14.16 CITY-ST-ZIP

Change Addition

14.17 TITLE
14.18 NAME
14.19 STREET ADDRESS
14.20 CITY-ST-ZIP

Change Addition

14.21 TITLE
14.22 NAME
14.23 STREET ADDRESS
14.24 CITY-ST-ZIP

Change Addition

14.25 TITLE
14.26 NAME
14.27 STREET ADDRESS
14.28 CITY-ST-ZIP

14. I do 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: *Adriane L. Roccaforte, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

(407)253-0402

Date

Daytime Phone #

0103968