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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J95312

1. Corporation Name

(1)

FLORIDA INCOME TAX & ACCOUNTING, P.A.

| Principal Place of Business 1404 S.W. 43RD TERRACE CAPE CORAL FL 33914 | | Mailing Address 1404 S.W. 43RD TERRACE CAPE CORAL FL 33914-5601 | | | |
|--|---|---|--|--|--|
| | | | | 3. Date Incorporated or Qualified 10/02/1987 | 3a. Date of Last Report 06/14/1996 |
| Princ pal Place of Business 1 | | 2a. Mailing Address 26 | | 4. FEI Number 65-0006519 | Applied For Not Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat 23 | le | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | | Country 30 | 8. This corporation has liability for inta Florida Statutes | es 🛮 No |
| | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Regis | tered Agent |
| | TIA BAKER | | 81 Name | | |
| 1404 S.W. 43RD TERRACE | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| CAP | E CORAL FL 33914 | | 83 | | |
| | | | 63 | | |
| | | | 84 City | | FL 85 Zip Code |
| office or agent 1 a | to the provisions of sections of our to registered agent, or both, in the Stat am familiar with, any ticcept the obligation of the provision of the section | e of Florida. Such change was all gations of, Section 607.0505, Flor | thorized by the corporal ida Statutes. Registered Agent signature regul | poration submits this statement for the purp tion's board of directors. I hereby accept the | H2V9) DATE |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 |
| THLF | DP | DELETE | 1.1 TITLE | | Change Addition |
| NAME | BAKER, LETITIA | | 1.2 NAME | | |
| STREET ADDRESS | 1404 S.W. 43RD TERRACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZiP | CAPE CORAL FL | DELETE | 1.4 CiTY+ST-ZIP | | Change Addition |
| T ILE NAME | | FT nerese | 21 TITLE 22 NAME | | CT Change CT WOOKIDN |
| STREET ADDRESS | | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY ST-ZIF | | | 2. 4 CiTY-ST-ZiP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CHY-ST ZIP | | T 05:575 | 3.4. CITY-ST-ZIP | | [] Dhanas |
| TITLE | | L_ DELETE | 4.1 TITLE | | Change Addition |
| NAME DAME A ARE DO DO | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| CHY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | } | _ | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| City - St - ZiP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| DIANG | | | 6.2 NAME | | |

6.3 STREET ADDRESS

6.4 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:

STREET ADDRESS

CITY - ST - 7IF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

941-540-0735

t me Prone #

FILED

Apr 28 1997 8:00am

Secretary of State