FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01515 (1)

1. Corporation Name
CONSULTANTS FOR PROPERTY TAX INC.

Principal Place of Business	Mailing Address
% IRWIN STOLBERG 1503 ST. ANDREWS RD. HOLLYWOOD FL 33021	% IRWIN STOLBERG 1503 ST. ANDREWS RD. HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3111 Rosewood Ct.	26 3111 Rosewood Ct
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Davie, FL	28 City & State: Davie, FL
24 Zip: 33328	29 Zip: 33328
25 Country	30 Country

4. FEI Number: 65-0015761 ☐ 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

STOLBERG, IRWIN
1503 ST. ANDREWS RD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

91 Name: IRWIN STOLBERG
92 Street Address (P.O. Box Number is Not Acceptable)
93: 3111 Rosewood Ct.
94 City: Davie FL 95 Zip Code: 33328

11. Pursuant to the provisions of Section 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] IRWIN STOLBERG 3/11/95
Address, 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	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STOLBERG, IRWIN	12 NAME	
STREET ADDRESS	1503 ST. ANDREWS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HANES-STOLBERG, DEANNA	22 NAME	
STREET ADDRESS	1503 ST. ANDREWS RD.	23 STREET ADDRESS	No Longer a Director
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STOLBERG, STEVEN	32 NAME	
STREET ADDRESS	3231 NORTH 36TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD 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)(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, added or in attachment with an address.

SIGNATURE: [signature] Irwin Stolberg Pres. 3/11/95 305-474-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000100 CP