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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K01515

1. Corporation Name

CONSULTANTS FOR PROPERTY TAX INC.

0011002							
Principal Place	of Business	Mailing Address					
3111 ROSEWOOD COURT		3111 ROSEWOOD CT.					
DAVIE FL 33328		DAVIE FL 33328		DO NOT WRITE IN TH	IIS SPACE		
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					11/06/1987		
• D-iiI DI	and of Business	2a. Mailing Address			4. FEI Number	Applied Fo)Г
2. Principal Place of Business		2a. Mailing Address		65-0015761	Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additiona		
¬		27		5. Certificate of Status Desired	Fee Required	ĺ	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	\Box	
23		28		Trust Fund Contribution	Added to Fees		
Zip Gountry		Zip Country		8. This corporation owes the current year Intangible			
4 25		29 30		Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			}
	N STOLBERG		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		\dashv
3111 ROSEWOOD CT				01.001.11			
DAVI	E FL 33328		83			•	\
			84	City		85 Zip Code	\dashv
				,		FL	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autt	nonzea ov	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its register pointment as registered	rea I
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	t signature requ	red when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1,1 TITLE			Change 🖺 Ad	ddition
NAME	STOLBERG, IRWIN		1.2 NAME			•	
STREET ADDRESS	3111 ROSEWOOD COURT		1.3 STREET	ADDRESS			İ
CITY-ST-ZIP	DAVIE FL		14 C/TY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change Ac	ddition
NAME	Stolberg, Steven		2.2 NAME				
STREET ADDRESS	3231 NORTH 36TH STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	IT-ZIP			
TITLE	VD	☐ DELETÉ	3.1 TITLE	Ì		☐ Change ☐ Ad	ddition (
NAME	STOLBERG, DEANNA		32 NAME				
STREET ADDRESS	3111 ROSEWOOD CT			T ADDRESS			
CITY-ST-ZIP	DAVIE FL		3.4. CITY-S	T- ZIP		Change A	ddition
TITLE		☐ DELETE	4.1 TITLE			□ ciratige □ Xr	3311011
NAME			4 2 NAME	\	•		Ì
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>	☐ Change ☐ A	ddition
TITLE		☐ DELETE	5.1 TITLE				JUNEON
NAME			5.2 NAME	TADODESO			- 1
STREET ADDRESS			1	TADORESS			}
CITY-ST-ZIP			5.4 CITY-S	1-211		Change CA	ddition
TITLE		DELETE	6.1 TITLE			☐ Change ☐ A	adiaon
NAME			6.2 NAME				}
STREET ADDRESS			E .	TADDRESS		•	
CITY-ST-ZIP			6.4 CITY-S	T-ZiP	•		

14. I 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 poort 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 present 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 attackment with all other like empowered.

SIGNATURE:

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90155 016 ***150.00