CORPO	OFIT DRATION L REPORT		FLORIDA DEPARTM Sandra B. N Secretary DIVISION OF CO	Mortham of State				
OCUM Corporation N	ENT # K27	7806	(4)					
TAX ADVICE INC.								
ncipal Place o	t Business	Ma	Uling Address				418 11 418 11 418	HII BIBH IDDI
ARNOLD TOV			ARNOLD TOWLE					
625 S.W. 106Ti HAMI FL 33173			625 S.W. 106TH AVE. Hami Fl. 33173		3. Date Incorporated or Qualifier 07/08/1988		te of Last F	
Principal Plac	ce of Business	2a.	Mailing Address		4. FEI Number		ΔΔ	opplied For Not Applicable
		26	Scuto Ant # etc		65-0086179		\$8.75	Additional
Suite, Apt #,	etc	27	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certificate of Status Desired		Fee F	Required
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution	L_J	Added	May Be to Fees
Zip	Country		Zip	Gountry 30	This corporation has liability f Florida Statutes	or intangible Yes 1	No No	s 199 032.
	25 9. Name and Address	29 of Current Regis		81 Name	10. Name and Address of New	Registered	Agent	
	LYWOOD FL 33020	s 607 0502 and 6	507, 1508, Florida Statute	83 84 City s, the above named corp	poration submits this statement for th	FL e purpose of	obaccing.	p Code its registered
1. Pursuant to office or re- agent I am	o the provisions of Section gistered agent, or both, in familiar with, and accept	the obligations of	f, Section 607.0505, Flor	84 City s, the above named corporationized by the corporation Statutes Bug steed Agent Sprockered	poration submits this statement for thickins board of directors. Thereby according when recisions and when recisions and when recisions are applied when recisions are applied when recisions are applied when recisions are according to the recisions are applied when recisions are applied to the recisions are according to the recision according to the recision are according to the recision according to the r	e purpose of cept the appo	changing intment as	its registered registered
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SIGNATURE:

HIOCK 12 OF Block 13 If changed, or on an attachment with an address

MALL TOWLE ARNOLD TOWLE 8/2/96 3052743316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR