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

PROFIT CORPORATION ANNUAL REPORT 1997

TAX ADVICE INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

(4)

FILED May 13 1997 8:00am Secretary of State



% ARNOLD TOWLE 7625 S.W. 106TH AVE. MIAMI FL 33173				7	% ARNOLD TOWLE 7625 S.W. 106TH AVE. MIAMI FL 33173-2821									
										3. Date Incorporated or Qualified 07/08/1988	3a. Date of Last Report 08/08/1996			
2. Principal Place of Business					2e, Mailing Address					4. FEI Number		A	oplied For	
21					26					65-0086179		N	ot Applicable	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State				City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country			L,	Zip Country			/		8. This corporation has liability for intangible tax under s. 199.032,				
24		25 29 30 30 and Address of Current Registered Agent							Florida Statutes Yes XNo					
			Idress of Current	Regi	stered Agent		-	т-::		10. Name and Address of New Re	gistered A	gent		
	WLE, ARNOL						81	l N	arne					
130 N DIXIE HWY							82	S	Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020								ļ						
							83							
							84	Ċ	ity	, , , , , , , , , , , , , , , , , , ,	FL	85 Zip	Code	
anice or i	realsteran aar	וח חוי	noid in the State o	HOU	607,1508, Florida Statu ida. Such change was of, Section 607,0505, Ft	SHIPPORE	ran hi	u tha	med corp corporati	poration submits this statement for the plion's board of directors. I hereby acce	urooco of	L L changing l' intment as	ts registered registered	
SIGNATURE			name of registered agent							**************************************				
12.	Signature, typica c	b tandio	OFFICERS AND			1: Regist		eni si	mature require	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	20 181 40	
TITLE	P		OTTIOCHS AND	CHIL.	DELETE		!! 			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	TOWLE, A	\RNOI	D			1	NAME					Onlings	LJ Addition	
STREET ADDRESS	4717 ALT						STREET	ADD	ntee					
CITY-ST-ZIP	MIAMI BE								1					
TITLE		- 1011		···	☐ DELETE		CITY-S	51 - 211	·			Change	Addition	
NAME .						- 1	NAME					Onlings	LJ Addition	
STREET ADDRESS							STREET	AND	2248					
CITY-ST-ZIP								2. 4 CHY-S1-ZIP						
TITLE					DELETE		3.1 TITLE					Change	Addition	
NAME							3.2 NAME				•			
STREET ADDRESS							STREET	ADD	RESS					
CITY-ST-ZIP							CITY-S				•			
TITLE					☐ DLLE1E		TITLE	_, _,				Change	Addition	
NAME						4. :	NAME				•			
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STREET ADDRESS						53	STRELT	ADDI	RESS				1	
CITY-ST-ZIP							CITY-S		1					
TITLE					DELETE		THUE		·	Control Contro	<u> </u>	Change	Addition	
NAME						62	NAME					-	Ì	
STREET ADDRESS						63	STREET	ADDI	RESS					
CITY-SI-ZIP						6.4	COY-S	i	,					
l am an oi	n malcated of fficer or direct	n this a for of th	innual report or sup no corporation or th	opien o rec	nental annual report is t	ify for the true and vered to	O OXO	mpt	ion stated	fin Section 119.07(3)(i), Florida Statute my signature shall have the same loga I as required by Chapter 607, Florida S	Inflaction i	d made un	dar aathii that	