

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K84595** (3)

1. Corporation Name

**TAX DOCTOR, INC.**



Principal Place of Business: **123 D-2 LAKE PINE CIRCLE LAKE WORTH FL 33463**  
Mailing Address: **123 D-2 LAKE PINE CIRCLE LAKE WORTH FL 33463**

3. Date incorporated or Qualified: **05/01/1989**      3a. Date of Last Report: **09/27/1995**

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0122608**      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  
**TARANGELO, PETER P.  
123 D-2 LAKE PINE CIRCLE  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent  
81 Name: **PETER P. TARANGELO**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **117 BENT TREE DRIVE**  
84 City: **PALM BEACH GARDENS FL**      85 Zip Code: **33418**

11. Pursuant to the provisions of Sections 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: *Peter P. Tarangelo*      (NOTE: Registered Agent signature required when re-registering)      DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>TARANGELO, PETER P.</b>	
STREET ADDRESS	<b>123 D-2 LAKE PINE CIRCLE</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>TARANGELO, PETER P.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>117 BENT TREE DRIVE</b>		
1.3 STREET ADDRESS	<b>PALM BEACH GARDENS, FL 33418</b>		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter P. Tarangelo*      DATE: **6-16-96**      TELEPHONE: **407-624-4022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)