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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
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: 06/20/1996

2. Principal Place of Business: 21 117 BENT TREE DRIVE, 22 Suite, Apt. #, etc., 23 Palm Beach Gardens, FL, 24 33418, 25 USA
2a. Mailing Address: 26 117 Bent Tree Drive, 27 Suite, Apt. #, etc., 28 Palm Beach Gardens, FL, 29 33418, 30 USA

4. FEI Number: 65-0122608
5. Certificate of Status Desired: [X] \$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, 117 BENT TREE DR, PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Row 1: D, TARANGELO, PETER P., 117 BENT TREE DR, PALM BEACH GARDENS FL. Includes 'DELETE' checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Includes checkboxes for 'Change' and 'Addition'.

14. I do 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 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, or on an attachment with an address.

SIGNATURE: [Signature] 2-2-97 (561) 842-9996
Date: 2-2-97 Daytime Phone: (561) 842-9996

CR2E034 (9/96)