## 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 # K98410

ELECTRONIC TAX CONSULTANTS AND INSURANCE, INC.

| Principal Place of Business Mailing Address   |                         |   |                        |                               |                  |  |  |  |                |                       |                                       |
|---|-------------------------|---|------------------------|-------------------------------|------------------|--|--|--|----------------|-----------------------|---------------------------------------|
| % BRANNOCK RUDD % BRANNOCK RUDD   |                         |   |                        |                               |                  | !  |  |  |                |                       |                                       |
| 18615 N.W. 22N  |                         | 18615 N.W. 22ND CT.                       |                        |                               |                  | i  | İ  | DO NOT WE  | ITE IN THIS    | SDACE                 | ,                                     |
| MIAMI FL 33056  | -3214                   | MIAMI FL 33056-3214                       | MIAMI FL 33056-3214    |                               |                  | ŀ  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |  |                |                       |                                       |
|   |                         |   |                        |                               |                  |  | 1  | •  |                |                       |                                       |
| Principal Place of Business     2a. Mailing Address   |                         |   |                        | <del></del>                   |                  |  |  | 06/28/1989<br>El Number                                | <del></del>    |                       | oplied For                            |
| 2. Principal Pla  | ace of Business         | 2a. Mailing Address                       | <del></del>            |                               |                  | -  | i  |  |                | <del></del>           |                                       |
| 21  |                         | 26  |                        |                               |                  |  | -  | 65-0187702   |                |                       | ot Applicable<br>Additional           |
| Suite, Apt. 1   | #, etc.                 | Suite, Apt. #, etc.                       | <b>⊢</b>               |                               |                  |  | 5. 0   | Certifcate of Status Desired                           | ×              |                       | equired                               |
| 22  |                         | 27 Situ & State                           | City & State           |                               |                  |  | <del> </del>   |  |                | <del></del>           | · · · · · · · · · · · · · · · · · · · |
| City & State  | <del>!</del>            | <del></del>                               | 28                     |                               |                  |  | 1  | Election Campaign Financing<br>Frust Fund Contribution |                |                       | May Be<br>to Fees                     |
| <b>23</b> Zip   | Country                 |   | Zip Country            |                               |                  |  | +  | This corporation owes the cur                          | rent vear Inta |                       |                                       |
|   |                         | 29  | 30                     |                               |                  | i  | 1  | Personal Property Tax.                                 | Tone your mile | Yes                   | √ZNo                                  |
| 24  | 9 Name and Address of   | Current Registered Agent                  | 30                     | $\Box$                        |                  |  |  | Name and Address of New                                | Registered /   |                       |                                       |
| <del></del>   | V. Isamo ana Address or | Carrent Registerou Figure                 |                        | 81                            | Nam              |  |  |  |                |                       |                                       |
| RUDD, BRANNOCK  |                         |   |                        |                               |                  |  |  |  |                |                       | ·                                     |
|   | 5 N.W. 22ND CT.         |   |                        | 82                            | Stree            | Street Address (P.O. Box Number is Not Acceptable) |  |  |                |                       |                                       |
|   | II FL 33055             |   |                        | 83                            |                  |  |  |  |                |                       |                                       |
|   |                         |   |                        | 84                            | City             |  |  |  | FL             | 85 Zip                | Code                                  |
|   |                         |   | 4 4                    | <u> </u>                      | <u> </u>         |  |  | authmite this statement for th                         |                | changing its          | registered                            |
| 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   |                         |   |                        |                               |                  |  |  |  | DATE           |                       |                                       |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere  12. OFFICERS AND DIRECTORS  13.   |                         |   |                        |                               |                  | e required w                                       |  | DDITIONS/CHANGES TO O                                  |                | D DIRECTO             | DRS IN 12                             |
| 12.   |                         |   | DELETE 1.1 TI          |                               |                  | 1  |  | BBITTOTO CHANGES TO O                                  | THOLING AND    | ☐ Change              | Addition                              |
| TITLE   | D<br>RUDD, BRANNOCK     |   | 1.2 N                  |                               |                  |  |  |  |                |                       | _                                     |
| NAME  |                         |   |                        |                               | ADDRES           |  |  |  |                |                       |                                       |
| STREET ADDRESS  | 18615 N.W. 22ND CT.     |   |                        |                               |                  | "  |  |  |                |                       |                                       |
| CITY-ST-ZIP   | MIAMI FL                | IAMI FL 1.45                              |                        | TY-ST                         | 1-ZiP            |  |  |  |                | Change                | Addition                              |
| TITLE   |                         | C 000012                                  |                        |                               |                  |  |  |  |                | <b>6</b>              | :                                     |
| NAME  |                         |   | 2.2 NAME               |                               |                  |  |  |  |                | . ]                   |                                       |
| STREET ADDRESS  |                         |   |                        | 2.3 STREET ADDRESS            |                  | ×  |  |  |                |                       | }                                     |
| CITY-ST-ZIP   |                         | □ DELETE                                  |                        |                               | 2. 4 CITY-ST-ZIP |  |  |  |                | [] Change             | Addition                              |
| TITLE   |                         | ☐ pereie                                  |                        | 3.1 TITLE<br>3.2 NAME         |                  |  |  |  |                |                       | ·                                     |
| NAME  |                         |   |                        |                               | <b></b> .        | _  |  | •  | •              |                       | [                                     |
| STREET ADDRESS  |                         |   |                        |                               | ADDRES           | 0  |  |  |                |                       |                                       |
| CITY-ST-ZIP   | F1 o                    |   | _                      | 3.4. CfTY-ST-ZIP<br>4.1 TITLE |                  |  |  |  |                | Change                | Addition                              |
| TITLE   |                         | ☐ DELETE                                  |                        |                               |                  |  |  |  |                | snange                |                                       |
| NAME  |                         |   |                        | AME                           |                  | _  |  |  |                |                       | ı                                     |
| STREET ADDRESS  |                         |   |                        | 4.3 STREET ADDRESS            |                  | S  |  |  |                |                       |                                       |
| CITY-ST-ZIP   |                         | □ pci ste                                 | 4.4 CITY-<br>5.1 TITLE |                               | T-ZIP            | <del> </del>                                       |  | <del></del>  |                | [`] Change            | Addition                              |
| TITLE   |                         | ☐ DELETE                                  | 5.1<br>5.2 N           |                               |                  |  |  |  |                | change                | 1111100000                            |
| NAME  |                         |   | 1                      |                               | T ADDRES         | .e   |  |  |                |                       |                                       |
| STREET ADDRESS  |                         |   |                        |                               |                  | ю  |  |  |                |                       |                                       |
| CITY-ST-ZIP   |                         | DELETE                                    | 6.1 T                  | ITY-S                         | 1-218            | -  |  |  | <del></del> -  | Change                | ☐ Addition                            |
| TITLE   |                         | ☐ DELETE                                  | 6.2 N                  |                               |                  | 1  |  |  |                |                       |                                       |
| NAME  |                         |   |                        |                               | T ADVOC          |  |  |  |                |                       |                                       |
| STREET ADDRESS  |                         |   | - 1                    |                               | TADORE:          | 13   |  |  |                |                       | 1                                     |
| CITY-ST-ZIP   |                         | alied with this filing does not qualify f |                        | ITY-S                         |                  | <u> </u>   | 4!   | 440.07/2)/i) Fig.: 4. Chat.itae                        | 1 further cor  | 416 / All - 4 All - 1 | l-fa-mation                           |

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 informational 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:-

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90046 038 \*\*\*158.75