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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT # 1, Corporation Name CAPITAL ACCOUNTING & TAX SERVICE, INC.

									#131 <b>#</b> {	88) QLQLL QLQ11 &I	611 616.1 61611 -=
rincipal Place o	f Business		Mai	ing Address				. 1001-011 819 1199-12-12 8119-1			
% HOWARD COGAN				% HOWARD COGAN							
400 N SR 7 MARGATE FL 33063				400 N SR 7 MARGATE FL 33063							an art
MANOATE FI	L 0000			<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>				3. Date Incorporated or Qualified 11/07/1989	3a. L	oate of Last R 04/19/1	
Principal Plac	e of Business		2a.	Mailing Address				4, FEI Number			Applied For
			26					65-0158538			Not Applicab
Suite, Apt. #,	etc.		— — — — — — — — — — — — — — — — — — —	Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional Required
City & State		<u> </u>	27	City & State				6. Election Campaign Financing		\$5.0	O May Be
City & State		28	7			Trust Fund Contribution			d to Fees		
Zip		Country		Zip	Cou	untry		8. This corporation has liability fo			199.032,
	25		29		30			Florida Statutes Ye			
	9. Name an	d Address of Curi	rent Regist	ered Agent		1	<b></b>	10. Name and Address of New	Register	ec Agent	
						81	Name				
COGAN, HOWARD 400 N SR 7						82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
						83					
MARGA	TE FL 3306	3									
						84	City		F	FL  85  Z	ip Code
	the province	of Sections 607 Of	502 and 607	1508 Florida Statut	es the ab	OVE-D	amed corpor	ration submits this statement for the p	urnose of	changing its	registered of
or registere familiar with	a agent, or bo n, and accept t	th, in the State of Fi he obligations of, S	ection 607.0	505, Florida Statutes	S.	COIDC	yanon o boa	rd of directors. I hereby accept the ap	•	ŭ	-
GNATURE	Docalura tread or n	rioled name of registered a	gent and title if &	nolicable. (NK	OTE: Registere	ac Agent	t signature require	d when reinstating)	DAT	ſΕ	
S	Signature, typed or p	rinted name of registered a			OTE: Registere		t signature require	od when reinstating) ADDITIONS/CHANGES TO OF		AND DIRECT	
2.	Signature, typed or p				13.		signature require				
Z.	PD			TORS	13. 1.1		t signature require			AND DIRECT	
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