FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (8)DOCUMENT # L45841 J & M TAX SERVICE, INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							AL MINIT NIMI		1 41411 1891
%JAMES G. M 2263 NW BOO BOCA RATON	A RATON BLVD., STE. 205	%James G. Mułlin 2263 NW Boca Raton Blyd., Ste. 205 Boca Raton Fl. 33431			DO NOT WRITE	IN THIS S	PACE		
						3. Date Incorporated or Qualified 01/24/1990			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26				65-0168676		No	t Applicable
Suite, Apt.	V, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State		City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes or has pa			
24	25		30			Personal Property Tax due June			J No
	g. Name and Address of Current	Registered Agent		61	Mana	10. Name and Address of New Re	gistereti	gent	
	LLIN, JAMES G			""	Name				
2263 NW BOCA RATON BLVD.				82	Street Addres	ss (P.O. Box Number is Not Acceptal	ole)		
SUITE 205									
BO	CA RATON FL 33431			83					
				84	City			85 Zip	Code
				$\perp \perp$			FL		l-t al
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of	if Florida. Such change was a	uthorize	id bv	the corporatio	ration submits this statement for the j in's board of directors. I hereby acce	ourpose of pt the app	changing ii bintment as	s registered registered
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Sta	tutes.		•			_
SIGNATURE					<u>.</u>		DATE		
	Signature typed or printed name of registered agent OFFICERS AND		E: Registere	d Agen	nt signature required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
12.	DV OFFICERS AND	DELETE	1.1 1	ITIE		ADDITIONS/CITAINGES TO CITT	JENO AND	Change	Addition
TITLE	MULLIN, JAMES G.	- DELECTE	1.2 N						
NAME PROFES ADDRESS	10686 CYPRESS BEND DR.				ADDRESS				
STREET ADDRESS	BOCA RATON FL	B C		ITY-ST	1				
CITY-ST-ZIP TITLE	DP DOOR TENTON TE	DELETE	2.1 To		- 211			☐ Change	Addition
NAME	MULLIN. MARIANN		2.2 N		1				
STREET ADDRESS	10686 CYPRESS BEND DR.				ADDRESS				
	BOCA RATON FL			NTY-SI					
CITY-ST-ZIP TITLE	BOOKINIONIC	☐ DELETE	3.1 T		11-211			Change	Addition
NAME		_	3.2 N	AME					
STREET ADDRESS			3.3 S	TREET /	address				
CITY-ST-ZIP				CITY - ST					
TITLE		DELETE	4.1 7					Change	☐ Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TAEET /	ADDRESS				
CITY-ST-ZIP			4.4 0	ITY-ST	- ZIP				
TITLE		☐ DELE TE	5.1 T	ITLE			_	Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TAEET /	address				
CITY-ST-ZIP			5 4 C	ITY-ST	-ZIP				
TITLE		DELETE	61T	ITLE				☐ Change	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET	address				
			B						

14. 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 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 exactment with an address