

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90006 047 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L45937

1. Corporation Name  
1040 TAX SERVICE, INC.

Principal Place of Business  
% ANTHONY J. MONACO  
76 CAMP AVE  
DARIEN CT 06820

Mailing Address  
% ANTHONY J. MONACO  
76 CAMP AVE  
DARIEN CT 06820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1990

4. FEI Number

59-2995185

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONACO, ANTHONY J.  
2750 S. RIDGEWOOD AVE.  
APT. B4  
SOUTH DAYTONA FL 32119

81 Name MONACO CHRISTINE A.

82 Street Address (P.O. Box Number is Not Acceptable)  
12600 GATEWAY BLVD.

83

84 City FT. MYERS

FL

85 Zip Code 33913

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)

5/31/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MONACO, ANTHONY J.  
STREET ADDRESS 2750 S RIDGEWOOD AVE  
CITY-ST-ZIP S DAYTONA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
MONACO ANTHONY J.  
12600 GATEWAY BLVD  
FT MYERS FL 33913

Change Addition

TITLE D  
NAME MONACO, CHRISTINE A.  
STREET ADDRESS 2750 S RIDGEWOOD AVE  
CITY-ST-ZIP S DAYTONA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
MONACO, CHRISTINE A.  
12600 GATEWAY BLVD  
FT MYERS FL 33913

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/99

Date

212 916 7804

Daytime Phone #

CR2E034 (11/98)