

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L47057** (9)

1. Corporation Name

SIR TAX SERVICES, INC.



Principal Place of Business

**2039 TYLER ST
HOLLYWOOD FL 33020-4518
US**

Mailing Address

**2039 TYLER ST
HOLLYWOOD FL 33020-4518
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**CROSS, R. KEVIN
2039 TYLER ST
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0165038

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 by and on behalf of the registered agent, if not a shareholder, is required.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PC
CROSS, R. KEVIN
2039 TYLER ST
HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **S
CROSS, STEPHENIE J
2039 TYLER ST
HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. KEVIN CROSS, EA.
PRESIDENT & CEO**

1/17/96

954/922-1903

Office Phone #

CR2E034 (12/95)