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

PROFIT Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M72499 (0) TAX MAC, INC. Principal Place of Business Mailing Address C/O MICHAEL A. CLARKE C/O MICHAEL A. CLARKE 2080 RINGLING BLVD. 2080 RINGLING BLVD. DO NOT WRITE IN THIS SPACE SARASOTA FL 34237 SARASOTA FL 34237 3. Date Incorporated or Qualified 03/11/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0032790 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARKE, MICHAEL A. 2080 RINGLING BLVD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sugmits 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 about 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 applicat ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE NAME CLARKE, MICHAEL A. 1.2 NAME CR2E034 2080 RINGLING BLVD. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME CLARKE, MARION W. 2.2 NAME STREET ADDRESS 2080 RINGLING BLVD. 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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as President

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 errowered 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 a trust against the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee errowered 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 a trust against the corporation of the cor

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SIGNATURE:

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