

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90048 043 ****61.25

DOCUMENT # N06000009419 1. Entity Name BOCA RATON TAX INSTITUTE, INC.					
Principal Place of Business C/O DASZKEL BOLTON, LLP 2401 N.W. BOCA RATON BLVD BOCA RATON, FL 33431				Mailing Address C/O DASZKEL BOLTON, LLP 2401 N.W. BOCA RATON BLVD BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5581710				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANN & WOLF, LLP 55 N.E. 5TH AVE. SUITE 500 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	Marjorie Horwin	
CITY-ST-ZIP			CITY-ST-ZIP	2401 NW Boca Raton Blvd Boca Raton, FL 33436	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Vice President	
STREET ADDRESS			STREET ADDRESS	Robert M. Arlen, Esq.	
CITY-ST-ZIP			CITY-ST-ZIP	110 East Atlantic Avenue, Suite 330 Delray Beach, FL 33444	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Secretary	
STREET ADDRESS			STREET ADDRESS	Robert M. Wolf, Esq.	
CITY-ST-ZIP			CITY-ST-ZIP	55 NE 5th Avenue, Suite 500 Boca Raton, FL 33432	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Treasurer	
STREET ADDRESS			STREET ADDRESS	David A. Katzman, CPA	
CITY-ST-ZIP			CITY-ST-ZIP	1900 NW Corporate Blvd #300E Boca Raton, FL 33431	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David A. Katzman</i></u>			<u><i>2/28/07 561 994 8050</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		