

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004346 (3)

1. Corporation Name

FLORIDA TAX REDUCTION MOVEMENT, INC.

Principal Place of Business

830 NE 18 ST.
FT LAUDERDALE FL 33305

Mailing Address

830 NE 18 ST.
FT LAUDERDALE FL 33305

FILED

96 DEC 13 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

09/21/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0441587

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 ☒

9. Name and Address of Current Registered Agent

HARTLESS, ROBERT II
9 BAY HARBOR RD
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

06 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AT
NAME BLOCK, MICHAEL
STREET ADDRESS 830 NE 18 ST.
CITY- ST- ZIP FT LAUDERDALE FL

DELETE

TITLE D
NAME DOLAN, MARK T
STREET ADDRESS 180 S LAKE AVE
CITY- ST- ZIP PASADENA CA 91101

DELETE

TITLE D
NAME HARTLESS, ROBERT
STREET ADDRESS 9 BAY HARBOR RD.
CITY- ST- ZIP TEQUESTA FL 33469

DELETE

TITLE D
NAME KAPLANIS, JOHN
STREET ADDRESS 750 ISLAND WAY
CITY- ST- ZIP CLEARWATER FL 34630

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change ☐ Addition ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change ☐ Addition ☐

100002031671-15
-12/17/96--01156--012
*****236.25 *****236.25

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008477

CR2E037 (3/96)