

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004346 (3)

1. Corporation Name

FLORIDA TAX REDUCTION MOVEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**830 NE 18 ST.
FT LAUDERDALE FL 33305** **830 NE 18 ST.
FT LAUDERDALE FL 33305**

3. Date Incorporated or Qualified **09/21/1993** 3a. Date of Last Report **08/29/1994**
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 Contributor **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent

**HARTLESS, ROBERT II
9 BAY HARBOR RD
TEQUESTA FL 33469**

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, title or printed name of registered agent and title (acceptable)

(Print Name of registered agent (signature required when applicable))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BLOCK, MICHAEL**
STREET ADDRESS **830 NE 18 ST.**
CITY, ST, ZIP **FT LAUDERDALE FL 33305**

11 TITLE **Assistant Treasurer** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP Change Addition

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

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP Change Addition

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

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP 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(6)(a), 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 it reads 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 to this report.

SIGNATURE: *Michael Block*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (805) 763-8326
Date Signature