

FILED

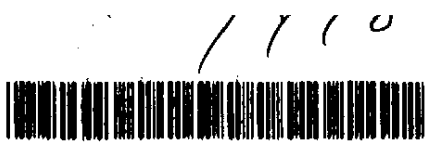
Jul 30 1998 8:00am
 M Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997 8		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004346 (3)
 1. Corporation Name
FLORIDA TAX REDUCTION MOVEMENT, INC.

Principal Place of Business 630 NE 18 ST. FT LAUDERDALE FL 33305	Mailing Address 630 NE 18 ST. FT LAUDERDALE FL 33305-9604
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2. Principal Place of Business 21	2a. Mailing Address 22	3. Date Incorporated or Qualified 07/21/1993	3a. Date of Last Report 12/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0441587	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. 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	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL 86 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, MICHAEL	1.2 NAME	PREV BLOCK, MICHAEL
STREET ADDRESS	630 NE 18 ST.	1.3 STREET ADDRESS	630 NE 18 ST
CITY-STATE-ZIP	FT LAUDERDALE FL	1.4 CITY-STATE-ZIP	FT LAUDERDALE, FL 33305
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, MARK T	2.2 NAME	
STREET ADDRESS	180 S LAKE AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PASADENA CA 91101	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLESS, ROBERT	3.2 NAME	
STREET ADDRESS	9 BAY HARBOR RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TEQUESTA FL 33469	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLANIS, JOHN	4.2 NAME	
STREET ADDRESS	750 ISLAND WAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 34630	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000002600
STREET ADDRESS		5.3 STREET ADDRESS	-08/04/98--01065--048
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	5/20
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Michael Block DATE: 7/29/98 **951-506-750**

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR: Michael Block DATE: 7/29/98

CR2837 (9/96)