FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000006106 (8)**

1. Corporation Name
ASSOCIATED TAX PROFESSIONALS INC.

Principal Place of Business	Mailing Address
2901 CURRY FORD RD ORLANDO FL 32806	2901 CURRY FORD RD ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-3148450 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHENNETT, JOSEPH
2901 CURRY FORD RD
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: Livio OSCAR MONTERO
82 Street Address (P.O. Box Number is Not Acceptable): 2901 CURRY FORD RD 212A
83
84 City: ORLANDO FL 85 Zip Code: 32806

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: L. OSCAR MONTERO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	SHENNETT, JOSEPH	12 NAME	SHENNETT JOSEPH – (DELETE)	
STREET ADDRESS	2901 CURRY FORD RD	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32741	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE	PTVS	☒ Change ☐ Addition
NAME	MONTEROT, L. OSCAR	22 NAME	MONTERO L. OSCAR	
STREET ADDRESS	2901 CURRY FORD RD	23 STREET ADDRESS	2901 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL 32741	24 CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. OSCAR MONTERO

0087105 CP