

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000009906 (7)

1. Corporation Name

TAX CERTIFICATE ASSOCIATES, INC.



Principal Place of Business

3317 N.W. 10TH TERRACE  
SUITE 409  
FORT LAUDERDALE FL 33309

Mailing Address

P.O. BOX 100527  
~~SUITE 409~~  
FORT LAUDERDALE FL 33310  
US

3. Date Incorporated or Qualified  
02/09/1993

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 100527

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 FORT LAUDERDALE, FL

24 Zip 25 Country 29 33310 30 US

4. FEI Number  
65-0390516

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BORKSON, ELLIOT P~~  
~~NEW RIVER CENTER, STE 1000~~  
~~200 EAST KAS OLA BLVD~~  
~~FORT LAUDERDALE FL 33301~~

81 Name ALLEN GORDON  
82 Street Address (P.O. Box Number is Not Acceptable)  
3317 NW 10th TERRACE  
83 SUITE 409  
84 City FORT LAUDERDALE FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0505 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 *x Allen Gordon*  
Signature, typed or printed name of registered agent and title if applicable.

ALLEN GORDON

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DPST  
STREET ADDRESS GORDON, ALLEN  
CITY-ST-ZIP 3317 NW 10 TERRACE, STE 409  
FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS GORDON, BRIAN  
CITY-ST-ZIP 3317 NW 10 TERRACE, STE 409  
FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BRANSE, GARY  
CITY-ST-ZIP 3317 NW 10 TERRACE, STE 409  
FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS SEIDMAN, SOL  
CITY-ST-ZIP 3317 NW 10 TERRACE, STE 409  
FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Allen Gordon* ALLEN GORDON

4-15-96

(954)565-4536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)