## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000019885 (1)

TAX LIEN CERTIFICATES FUND. INC. Principa! Place of Business Mailing Address 489 STILL FOREST TERRACE 463 STILL FOREST TERRACE SANFORD FL 32771-8380 SANFORD FL 32771 3a. Date of Last Report 3. Date Incorporated or Qualified 03/08/1993 04/08/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3172977 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 28 Added to Fees Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEONE, JAMES R **452 OSCEOLA ST** Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32701 83 84 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, DELETE Change **DPST** 1.1 TITLE TITLE ALONGI, M J 1.2 NAME NAME **463 STILL FOREST TERRACE** STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 1.4 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME , h . 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change \_\_\_ Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF ■ DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if

City-ST-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)(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

0071323

**FILED** 

Feb 24 1997 8:00am

Secretary of State