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

**FILED** 'PROFIT May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000041405 (0) AHS INCOME TAX SERVICES, INC. Mailing Address **Principal Place of Business** 251 S. STATE RD. 7 251 S. STATE RD. 7 PLANTATION FL 33317 PLANTATION FL \$3317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0414036 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SNAGG, ADRIAN H 251 S. STATE RD. 7 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 83 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE \$NAGG, ADRIAN H NAME 1.2 NAME 251 S. STATE RD. 7 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33317** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE **SN**AGG, ADRIAN H 2.2 NAME NAME 251 S. STATE RD. 7 2 3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 41 THILE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE

14. I 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 appears in Block 12 or Block 13 if enanged, or on an attachment withyan address.

6.4 CITY - ST - 7IP

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

hes. 954-584-2088 SNAUG