

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006538 (0)

1. Corporation Name

FLORIDA TAX CONSULTANTS, INC.



Principal Place of Business

Mailing Address

**3216 17TH STREET
SARASOTA FL 34237
US**

**3216 17TH STREET
SARASOTA FL 34237
US**

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 02/28/1995
4. FET Number 65-0463596	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **8147 Glenbrooke COURT**

26 **8147 Glenbrooke COURT**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **SARASOTA, FL**

28 **SARASOTA, FL**

24 Zip **34243** 25 Country **US**

29 Zip **34243** 30 Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, TODD
3216 17TH STREET
SARASOTA FL 34237**

81 Name White, TODD
82 Street Address (P.O. Box Number is Not Acceptable) 8147 Glenbrooke COURT
83
84 City SARASOTA 85 Zip Code FL 34243

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

Todd L. White
Signature (typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

6/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input type="checkbox"/> DELETE
NAME WHITE, TODD	
STREET ADDRESS 3216 17TH STREET	
CITY-ST-ZIP SARASOTA FL	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME White, TODD	
13 STREET ADDRESS 8147 Glenbrooke COURT	
14 CITY-ST-ZIP SARASOTA, FL	
21 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME 	
23 STREET ADDRESS 	
24 CITY-ST-ZIP 	
31 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME 	
33 STREET ADDRESS 	
34 CITY-ST-ZIP 	
41 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME 	
43 STREET ADDRESS 	
44 CITY-ST-ZIP 	
51 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME 	
53 STREET ADDRESS 	
54 CITY-ST-ZIP 	
61 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME 	
63 STREET ADDRESS 	
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)(k), Florida Statutes. I further certify that the information included 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:

Todd L. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

(941) 371-0811

CR2E034 (3/96)