2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000066031

1. Entity Name

PROPERTY TAX CONSUTANTS, INC.



FILED Apr 06, 2005 08:00 AM Secretary of State

Principal Place of Business

GULFSTREAM PROMENADE 656 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009 Mailing Address

GULFSTREAM PROMENADE 656 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009



01132005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2772622

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, STANLEY H
GULFSTREAM PROMENADE
656 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

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| IIACCANO | ALL, I E 33008 | | | <u>-</u> | | |
|---------------------------------------|---|---|----------------------------|---------------------------------------|--|--------------|
| | named entity <u>submits this statement for the pations of registered agent.</u> | urpose of changing its registere | d office or r | egistered agent, or both, | in the State of Florida. I am familiar with, | and accept |
| SIGNATURE. | Signature, typod or printed name of registered agent and title if | apolicable. TNOTE: Recistered | Agent signatur | required when reinstaling) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECK, STANLEY H 656 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 | | | <u> </u> | — | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · _0· | 4/06/05-80059-002 158.7 | S |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u>-</u> ' - '- | DO I | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (10) | | | -IN T | HIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4111.75 | | | | | |
| TITLE | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all the rike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

HIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/1/05 954454-3600