## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000066031

1. Entity Name

PROPERTY TAX CONSUTANTS, INC.



FILED Jan 27, 2006 08:00 AN 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



DO NOT WRITE IN THIS SPACE

01232006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2772622

Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

\$8.75 Additional

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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"ÎN	THIS	SPACE

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	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered A	gent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.00 May Be Added to <u>Fee</u> s	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, STANLEY H 656 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			₹.	1100000405858
TITLE NAME STREET ADDRESS CITY-SI-ZIP					02/07/06-80048-011 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				÷	<del></del> - ·

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.

'

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15875