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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007034 (8)

TAX CENTERS, INC. Principal Place of Business Mailing Address 8800-48TH-6T-N-#409-6900-49TH ST-N PINELLAGG PARK-FL-83782 DO NOT WRITE IN THIS SPACE PINELLAG PARK FL 93782 3. Date Incorporated or Qualified 01/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3288757 SAME Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PINELLAS 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Country 25 PINELLAS 29 Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAME PASEK, MICHAEL D 8800-49TH 9T N #409 Street Address (P.O. Box Number is Not Acceptable) 82 PINELLAS PARK FL 33782 83

s of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agort

SIGNATURE (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE TITLE PASEK MICHAELD. PASEK, MICHAEL D 1.2 NAME NAME ~3215 DOE COURT STTH AVE 1.3 STREET ADDRESS STREET ADDRESS BRANDON FL 1.4 CITY-ST-ZIP PINELLAS PARK, CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE PRES. GLORIA R. PASEK 2.2 NAME NAME 85TH 23 STREET ADDRESS STREET ADDRESS 4851 33781 PARK 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 changed of on an adjustment with an address

SIGNATURE:

2/21/98 8/3-544-2796

SIGNATURE:

2/21/98 813-544-2796

FILED

Mar 06 1998 8:00am

Secretary of State