## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

	1996	DIVISION OF C	CORPORATIONS		
DOCUMENT # P95000058293 (8) 1. Corporation Name					
THOM	AS TAX & ACCOUNTIN	IG INC.			
				A HARIFARK DIN TANAK ARKIN BAKKI NAJILI BAKKI NAJINI AKKAL HENDA AKKAL KINDA KANAN KIKA DIKILI DALA	
Principal Place of Business		Mailing Address	****		
251 NW 9TH STREET		-			
BOCA RATON FL 33432-2633		251 NW 9TH STREET BOCA RATON FL 33432-	2633		
				Date Incorporated or Qualified   3a. Date of Last Report	
				07/25/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		26     Suite, Apt. #, etc.		65- 0599635 Applicable	
22	., 0.0.	27		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	,—···	Trust Fund Contribution Added to Fees	
Zip <b>24</b>	Country 25	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,	
24	9. Name and Address of	29 Current Registered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
			81 Name	10. Hame and Address of New Negistered Agent	
THOMAS, DAVID R			82 Street A	Address (P.O. Box Number is Not Accentable)	
251 NW	9TH STREET		br Street A	Address (F.O. box number is not Acceptable)	
BOCA RATON FL 33432-2633			83		
,			84 City	85 Zip Code	
11 Purpled to the providing of Continue COZ OCOG. LOCALIDOS			1 1 '	<b>⊫</b> I   [ `	
or register	ed agent, or both, in the State of	of Florida. Such change was authorized	, the above hamed co by the corporation's	opporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE:	in, and accept the obligations o	f, Section 607.0505, Florida Statutes.			
SIGNATURE.	Signature: typed or printed name of register	ad agent and little if applicative (NCTE	Registered Agent signature re	equire 0 when reinstating? DATE	
12.	OFFICER	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	Prendent	Treewow DELETE	1. 1 TITLE	Resident Treasure Change Addition	
NAME STREET ADDRESS	David K	Thoma-	1 2 NAME	Danif K Thomas	
CITY-S1-ZIP	281 71W	174 ST	1.3 STREET ADDRESS		
TITLE	1) Pres des	☐ DELETE	1.4 CITY-ST-7:P 2 1 T:TLF	V Pres . Accretan Change Addition	
NAME	11.00 2		22 NAME	V Pres: Decretary Change Addition	
STREET ADDRESS	Marcene J	16 MC	2.3 STREET ADDRESS	marche comme	
CITY-ST-ZIP	Brown later	1.78 33432	2.4 C(1) Y - \$1 - Z(P		
TITLE		☐ DELETE	3 TITLE	Change Addition	
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3. STREFT ADDRESS		
TITLE		[] DELFTE	3.4 CHY-ST-ZIP 4.1 TITLE	Change Addition	
NAME			4.2 NAME	C change C Xoarron	
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP			4.4 CiTY - ST - ZiP		
TITLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			5 2 NAME	900001839829 -05/25/9601001035	
STREET ADDRESS CITY+ST-ZIP			5.3 STREET-ADDRESS	***200.00	
TITLE		[] DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		
NAME		£	6 2 NAME	Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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 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 rocever 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 ff-shanged, or on an attachment with an address.

Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR