FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000067759 (7)

1. Corporation Name

SKM TAX AID & ACCOUNTING INC.

Principal Place of Business	Mailing Address
838 SHRIVER CIRCLE LAKE MARY FL 32746	838 SHRIVER CIRCLE LAKE MARY FL 32746

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 499 N HWY 434/1023 #suite
Suite, Apt. #, etc.: 22 1023
City & State: 23 ALT SPGS FL
Zip: 24 32714 Country: 25 Seminole

2a. Mailing Address: 26 499 N HWY 434
Suite, Apt. #, etc.: 27 1023
City & State: 28 ALT SPGS FL
Zip: 29 32714 Country: 30 Seminole

4. FEI Number: 59-3342085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORAR, SAMIR
838 SHRIVER CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: SAMIR MORAR
82 Street Address (P.O. Box Number is Not Acceptable): 499 N HWY 434 #1023
83
84 City: ALT SPGS **FL** 85 Zip Code: 32714

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: [signature] DATE: 8/4/96

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORAR, SAMIR		1.2 NAME		
STREET ADDRESS	838 SHRIVER CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	☒ DELETE	2.1 TITLE	Delete	☐ Change ☐ Addition
NAME	~~MORAR, SHILPA~~		2.2 NAME		
STREET ADDRESS	~~838 SHRIVER CIRCLE~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKE MARY FL 32746~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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, or on an attachment with an address.

SIGNATURE: [signature] 8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)