

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 # P95000079013 (5)

1. Corporation Name

ACCOUNTING AND TAX PROFESSIONALS, INC.



Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD
SUITE 785
ORLANDO FL 32819

5401 KIRKMAN ROAD
SUITE 785
ORLANDO FL 32819

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5401 KIRKMAN RA

26 5401 KIRKMAN RA

4. FEI Number

59-3343746

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 660

27 SUITE 660

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 ORLANDO FL

28 ORLANDO FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 32819

25 USA

29 32819

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESAI, ATUL H
5401 KIRKMAN ROAD
SUITE 785
ORLANDO FL 32819

81 Name

DESAI, ATUL H

82 Street Address (P.O. Box Number is Not Acceptable)

5401 KIRKMAN RD STE 660

83

84 City

ORLANDO

85

FL 32819

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 typed or printed name of registered agent and title if applicable.

ATUL H. DESAI, PRESIDENT

4/24/96

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DESAI, ATUL H
STREET ADDRESS 5401 KIRKMAN ROAD
CITY- ST- ZIP ORLANDO FL 32819

1. 1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2. 1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATUL H. DESAI, PRESIDENT 4/24/96 (407) 345-0007

Date

Daytime Phone #

CR2E034 (12/95)