

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081708 (6)

1. Corporation Name

TAX ORIENTED PLANS, INC.



Principal Place of Business

PO BOX 334
59 HALLEY DRIVE
POMONA NY 10970

Mailing Address

PO BOX 334
59 HALLEY DRIVE
POMONA NY 10970

2. Principal Place of Business

2a. Mailing Address

21 1597 ROCKDALE LOOP

26 1597 ROCKDALE LOOP

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 HEATHROW FLORIDA

28 HEATHROW FLORIDA

24 32746

25 U.S.A.

29 32746

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

SHIFFMAN, BARRY A
1597 ROCKDALE LOOP
HEATHROW FL 32746

81 Name

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

83

84 City

FL 85 Zip Code

11. I, the undersigned, being the proprietor of Sections 607.072, and 607.092, Florida Statutes, the above named corporation, submit 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 607.092, Florida Statutes.

SIGNATURE

Date of Signature

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D SHIFFMAN, BARRY A
2. STREET ADDRESS
PO BOX 334, 59 HALLEY DRIVE
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POMONA NY 10970
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