

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 23 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS102

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000081708 (6)

1. Corporation Name

TAX ORIENTED PLANS, INC.

Principal Place of Business

Mailing Address

1597 ROCKDALE LOOP
HEATHROW NY 32746

1597 ROCKDALE LOOP
HEATHROW NY 32746

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 10/23/1995 | 3a. Date of Last Report 02/27/1996 |
| 4. FEI Number 593362815 APPLIED FOR | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHIFFMAN, BARRY A | |
| STREET ADDRESS | PO BOX 334, 59 HALLEY DRIVE | |
| CITY-ST-ZIP | PAMONA NY 10970 | |

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | D - PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SHIFFMAN BARRY A. | |
| 1.3 STREET ADDRESS | 1597 ROCKDALE LOOP | |
| 1.4 CITY-ST-ZIP | HEATHROW FL 32746 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------|--|
| 2.1 TITLE | D - SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SHIFFMAN HOLLY A. | |
| 2.3 STREET ADDRESS | 109 HIGH AVE UNIT 101 | |
| 2.4 CITY-ST-ZIP | NYACK, N.Y 10960 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------|--|
| 3.1 TITLE | D - TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TAGUS LISA | |
| 3.3 STREET ADDRESS | 193 WIMBLEDON CIRCLE | |
| 3.4 CITY-ST-ZIP | HEATHROW FL 32746 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

CR2E034 (4/97)

TAX ORIENTED PLANS, INC.

1597 Rockdale Loop ~ Heathrow, Florida 32746
Phone (407) 444-5680 / (800) 254-2295 ~ Fax (407) 333-3818

July 16, 1997

Division of Corporations
Annual Reports Section
Post Office Box ~~1500~~ 6327
Tallahassee, FL ~~32302-1500~~
32314

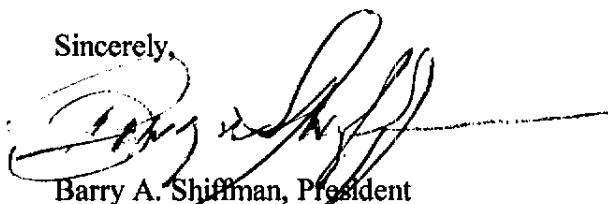
RE: 1997 Profit Corporation Annual Report

Dear Sir/Madam:

I am in receipt of a Second Notice relating to the above of which I never received a First Notice. Per my conversation with and instructions from Gina Johnson of your office, I am enclosing a check in the amount of \$165.00, along with the completed form to be filed.

Should you have any questions, please contact me at the above number.

Sincerely,



Barry A. Shiffman, President

Enc.
BAS/lst