

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000081708 (6)**

1. Corporation Name

TAX ORIENTED PLANS, INC.

Principal Place of Business

**1597 ROCKDALE LOOP
HEATHROW NY 32746**

Mailing Address

**1597 ROCKDALE LOOP
HEATHROW NY 32746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1597 Rockdale Loop	26	1597 Rockdale Loop
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Heathrow, FL	28	Heathrow, FL
Zip	Country	Zip	Country
24	32746	25	USA
29	32746	30	USA

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

59-3362815

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SHIFFMAN, BARRY A
1597 ROCKDALE LOOP
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFFMAN, BARRY A	1.2 NAME	
STREET ADDRESS	1597 ROCKDALE LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFFMAN, HOLLY A	2.2 NAME	
STREET ADDRESS	109 HIGH AVE., UNIT 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	NYACK NY 10960	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGUE, LISA	3.2 NAME	
STREET ADDRESS	193 WIMBLEDON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 to this report.

SIGNATURE

Barry A. Shiffman

1/28/98

CR2E034 (10/97)