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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073171

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TITLE NAME

TAX CENTERS OF AMERICA, INC.

COHEN, ROBERT H 1.2 NAME 8061 W MCNAB RD 1.3 STREET ADDRESS STREET ADDRES TAMARAC FL 33321 1.4 CITY-ST-ZIP CITY-ST-ZIP ELETE 2.1 TITLE \$ 2.2 NAME FISHER, CARL 8061 W MCNAB RD 2.3 STREET ADDRESS STREET ADDRESS TAMARAC'FL 33321 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 and all 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 adachment with an address, with all other like empowered.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90033 008 ***150.00

TAX CEN	HERS OF AMERICA, INC	10						
Principal Place	e of Business	Mailing Address	Malling Address			T I BRITANI IIM IBIIA BIIII ARIII ARIII BRIII BRIII	4 7 4 644 Print Hali II	8881 HJH 1881
10104 NW 47T)	1.97	8061 W MCNAB RD	8061 W MCNAB RD			1		
SUNRISE FL SS		TAMARAC FL 33321						
		υs				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		ļ
						08/29/1996		
2. Principal Place of Business						4. FEI Number	<u> </u>	plied Far
21	/	26				65-0691280		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			-) 5Certificate of Status Desired	\$8.75 .∧	
22		27	_				Fee Red	
City & Stat	e /	City & State	<u>├</u> ¬ ·			6. Election Campaign Financing	\$5.00	*
23		28				Trust Fund Contribution	Added to) Fees
Zip	Country			Country		8. This corporation owes the current year In)
24	25 29		30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	1 Agent	
001	EN BARRET II		()	B1 Name)			1
COHEN, ROBERT H				32 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
8061 W MCNAB RD			Ļ					
TAM	ARAC FL 33321		-	83		•		ļ
			į.	B4 City			. 85 Zip C	ode
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office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was a ligations of, Section 607.0505, Fk	authorized orida Statut	by the cor es.	poration	varion submits this statement for the purpose on's board of directors. I hereby accept the appropriate when reinstating) DATE	intment as reg	jistered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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