

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000074012 (1)**

1. Corporation Name
AMERITAX OF FLORIDA, INC.

Principal Place of Business 3149 N PONCE DE LEON BLVD. SUITE 9 ST AUGUSTINE FL 32095	Mailing Address 3149 N PONCE DE LEON BLVD. SUITE 9 ST AUGUSTINE FL 32095
--	--

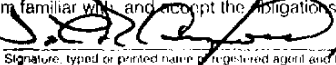


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4475 U.S. 1 SOUTH Suite, Apt. #, etc. 22 Suite 103 City & State 23 ST. AUGUSTINE, FL Zip 24 32086 Country 25 U.S.A.		2a. Mailing Address 26 4475 U.S. 1 SOUTH Suite, Apt. #, etc. 27 Suite 103 City & State 28 ST. AUGUSTINE, FL Zip 29 32086 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/03/1996	
		4. FEI Number 59-3399347		Applied For <input type="checkbox"/> 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			

9. Name and Address of Current Registered Agent CRAWFORD, JOHN R 3149 N PONCE DE LEON BLVD, SUITE 9 ST AUGUSTINE FL 32095				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 4475 U.S. 1 SOUTH	
				83 Suite 103	
				84 City ST. AUGUSTINE	
				85 Zip Code FL 32086	

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  **JOHN R. CRAWFORD, PRESIDENT** **3-24-98**
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		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAWFORD, JOHN R			1.2 NAME			
STREET ADDRESS	3149 N PONCE DE LEON BLVD, SUITE 9			1.3 STREET ADDRESS	4475 U.S. 1 SOUTH, SUITE 103		
CITY-ST-ZIP	ST AUGUSTINE FL 32095			1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAWFORD, PHYLLIS E			2.2 NAME			
STREET ADDRESS	3149 N PONCE DE LEON BLVD, SUITE 9			2.3 STREET ADDRESS	4475 U.S. 1 SOUTH, SUITE 103		
CITY-ST-ZIP	ST AUGUSTINE FL 32095			2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 with an address.

SIGNATURE:  **JOHN R. CRAWFORD** **3/24/98** **904-794-1099**

CR2E034 (10/97)