

2-4-97 13230-  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000087846 (7)**

1. Corporation Name  
**TAX DOCTOR FINANCIAL ADVISORS, INC.**



Principal Place of Business <b>415 5TH STREET W PALM BEACH FL 33401</b>	Mailing Address <b>415 5TH STREET W PALM BEACH FL 33401-3903</b>
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3. Date Incorporated or Qualified <b>10/21/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>5335 BUCKHEAD CIR</b> Suite, Apt. #, etc. 22 City & State 23 <b>BOCA RATON FL</b> Zip 24 <b>33487</b>	2a. Mailing Address 26 <b>5335 BUCKHEAD CIR</b> Suite, Apt. #, etc. 27 City & State 28 <b>BOCA RATON, FL</b> Zip 29 <b>33487</b>	4. FEI Number <b>65-0533957</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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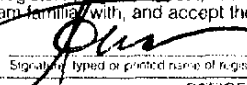
6. Name and Address of Current Registered Agent

**TARANGELO, PETER  
117 BENT TREE DRIVE  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name <b>JOHN T. KILHORAN</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5335 BUCKHEAD CIRCLE</b>	83	84 City <b>BOCA RATON</b>	85 Zip Code <b>FL 33487</b>
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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

**1.29.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHN T. KILHORAN</b>		1.2 NAME	
STREET ADDRESS <b>5335 BUCKHEAD CIRCLE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1.29.97 561 842 9996**

CR2E034 (9/96)