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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90021 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 96000087846
 1. Corporation Name
 TAX DOCTOR FINANCIAL ADVISORS, INC.

Principal Place of Business Mailing Address
 2090 PALM BEACH LAKES BLVD. 2090 PALM BEACH LAKES BLVD
 SUITE 702 SUITE 702
 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 10/21/1996
 3a. Date of Last Report
 4. FEI Number 65-0533957
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 KILLORAN, JOHN T.
 5623 VIA DE LA PLATA CIRCLE
 DELRAY BEACH, FL 33484

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City
 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]* JOHN T. KILLORAN
 Signature (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JOHN T. KILLORAN	
STREET ADDRESS	5623 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(b), Florida Statutes, nor further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall not be made under oath as it 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, as applicable, or in an attachment with an address.

SIGNATURE: *[Signature]* JOHN T. KILLORAN 4.28.99 561-712-1110

CR2E034 (9/96)