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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004409 (3)

TAX & FINANCIAL SERVICES, INC-Principal Place of Business Mailing Address 4063 N. GOLDEN ROD ROAD 4063 N. GOLDEN ROD ROAD DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 WINTER PARK FL 32792 3. Date Incorporated or Qualified <u>01/15/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREENMAN, FRANKLIN D ESQ. 5800 OVERSEAS HIGHWAY SUITE 40 83 MARATHON FL 33050

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.

RUMOO

SIGNATURE Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition | TITLE 1.1 TITLE METTE, HAL NAME 1.2 NAME 4063 N. GOLDEN ROD RD., SUITE 3 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE VICE PRESIDENT Change Addition 2.1 TITLE TITLE METTE 2.2 NAME KENNETH NAME GOLDENROD 2e2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 3,1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition NAME STREET ADDRESS 6.3 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 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 onyan attachment with an address.

SIGNATURE:

407657

FILED

Jan 20 1998 8:00am

Secretary of State