Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90067 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004409

1. Corporation Name

| TAX & F | Financial Ser | VICES, INC. | | | | | | | | | | |) 1 11 11 | |
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| Principal Plac | ce of Business | | Mailing Ad | ddress | | - | | | לו פט ל וונטל סלו ופעווסעו ל | 19 08) 10 07 |)) (|) ((188) | | (10 1 0 1) |
| | en rod road | | | OLDEN ROD RO | DAD | | | | | | | | | |
| SUITE 3 WINTER PARK FL 32792 WINTER PARK FL 32792 | | | | | | | | 1 | DO NO | T WRIT | E IN THE | S SPACE | | |
| | , 2 32, 32 | | *************************************** | WIII TO OLIVE | | | | 3. Dai | te Incorporated or Qu | | | 017102 | | |
| | | | | | | | | 1 - | /15/1997 | | | | | |
| 2. Principal f | Place of Business | | 2a. Mailing | Address | | | | | Number | | | | Appl | ied For |
| 21 | | | 26 | | | | | 59 | -3422731 | | | | Not | Applicable |
| Suite, Apt. | . #, etc. | | Suite, | Apt. #, etc. | | | | 5 Cel | tifcate of Status Des | ired | | \$8.7 | '5 Ad | lditional |
| 22 | | | 27 | | | | | J. 00 | | | | Fe | Reg | uired |
| City & Sta | ite | | City & | State | | | | , | ction Campaign Fina | ncing | | | | lay Be |
| 23 | Cou | | 28 | | | | | | st Fund Contribution | | | | led to | Fees |
| Zip | | untry | Zip | | Coun | itry | | 1 | s corporation owes the | ne curre | nt year In | | _ | 71 |
| 24 | 9 Name and Ad | dress of Current | 29 | cont | 30} | | | | sonal Property Tax. me and Address of | Now P | naictoroc | Yes | | 3No |
| | 5. Harris and Ac | dress or ourrent | Neglatered A | gent | | 81 | Name | 10. 144 | the and Address of | NEW IX | egisiere | Agent | | |
| MET | ITE, HAL W | | | | | _ | | | | | | | | |
| 1019 | 51 university bl | .VD #212 | | | J' | 82 | Street A | ddress (P.O. I | Box Number is Not A | cceptal | ole) | | | |
| | TE 40 | | | | <u> </u> | 83 | | | | | | | | |
| MAF | RATHON FL 33050 | | | | 1 | | | | | <u> </u> | | | | |
| | | | | | } | 84 | City | | • | | F۱ | 85 | Zip Co | ode |
| | to the servicions of C | | | | 1 | ľ | | | | | | ╧┈┈┈ | | |
| 11. Pursuant | i to the provisions of s | Sections 607.0502 | ? and 607.1508 | , Florida Statu | tes, the ab | ove- | named c | orgonation sub | mits this statement t | for the c | urpose o | f changing | ıits re | eaisterea |
| office or i | registered agent, or b | oth, in the State of | of Florida. Such | change was | authorized | by th | | | omits this statement to of directors. I hereby | | | | | |
| office or i agent. I a | registered agent, or b am familiar with, and a | oth, in the State of | of Florida. Such | change was | authorized | by th | | | | | | | | |
| office or i | registered agent, or b am familiar with, and a | ooth, in the State of accept the obligation | of Florida. Such ions of, Section | n change was : n 607.0505, Fk | authorized orida Statut | by th | he corpor | | of directors. I hereby | | | | | |
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| office or agent. I a SIGNATURE 12. | registered agent, or b am familiar with, and a Signature, typed or printed r | noth, in the State of accept the obligation | of Florida. Such ions of, Section and title if applicable | n change was a 607.0505, Flo | authorized orida Statut E: Registered A | by thes. | he corpor | ration's board | of directors. I hereby | / accept | the appo | ointment a | s regis | stered — |
| office or agent. I a SIGNATURE 12. TITLE NAME | registered agent, or b am familiar with, and a Signature, typed or printed r D METTE, HAL | ooth, in the State of accept the obligation name of registered agent OFFICERS AND | of Florida. Such ions of, Section of, Section of and title if applicable DIRECTORS | n change was n 607.0505, Flo | authorized orida Statut E: Registered A | by thes. | he corpor | ration's board | of directors. I hereby | / accept | the appo | ND DIREC | s regis | stered S IN 12 |
| office or agent. I a SIGNATURE 12. | Tegistered agent, or barn familiar with, and a signature, typed or printed in METTE, HAL 4063 N. GOLDEN | noth, in the State of accept the obligation of registered agent OFFICERS AND N ROD RD., SUI | of Florida. Such ions of, Section of, Section of and title if applicable DIRECTORS | n change was n 607.0505, Flo | E: Registered A 13. 1.1 TITL 1.2 NAM | by thes. | he corpor | ration's board | of directors. I hereby | / accept | the appo | ND DIREC | s regis | stered S IN 12 |
| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed in METTE, HAL 4063 N. GOLDEN WINTER PARK F | noth, in the State of accept the obligation of registered agent OFFICERS AND N ROD RD., SUI | of Florida. Such ions of, Section of, Section of and title if applicable DIRECTORS | change was a 607.0505, Fk | E: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY | by thes. Agent: LE ME REET A | signature req | ration's board juired when reinsta ADD | of directors. I hereby | / accept | the appo | ND DIREC | S regis | S IN 12 |
| office or agent. I ag | Signature, typed or printed in METTE, HAL 4063 N. GOLDEN WINTER PARK F | noth, in the State of accept the obligation of registered agent OFFICERS AND N ROD RD., SUITE 32792 | of Florida. Such ions of, Section of, Section of and title if applicable DIRECTORS | n change was n 607.0505, Flo | E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL | Agent : Age | signature req | ation's board | of directors. I hereby | OFF | DATE | ND DIREC | S regis | stered S IN 12 |
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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 opporation 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. From an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

1/25/99 407657-7796