## FILE NOW: FILING FEE AFTER MAY 18T 13 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P9700032311 (7)

TAX S	TAR, INC.	(,			8888 1111 1188 1188 1188 1188 1188 1
Principal Place of Business Mailing Address					E
% KLUGER PERETZ KAPLAN & BERLIN. P.A. % KLUGER PERETZ KAPL			PLAN & BERLIN, P.A. BLVD., 1970 MIAMI CENTE	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				04/09/1997	
21	Plac <b>e o</b> f Business	2a. Mailing Address 26		4. FEI Number 07543	Applied For Not Applicable
Suite, Apt.	1700	Suite, Apt. #, etc.	1700	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζη: <b>29</b>	Country 30	This corporation owes or has paid     Personal Property Tax due June 3	30. 🔲 Yes 🔀 No
<del></del>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Agent
GOLD, ANDREW P ESQ. 1970 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131				Miami Center Registered Agents, Inc. 201 South Biscayne Boulevard Suite 1700 Miami, Florida 33131	
11. Pursuant office or agent. I a	Apparent types for partied name of a potential agent	and trient applicable (NC	utes, the above-named od authorized by the corpor forida Statutes.  TE Registried Agent signature rec		ATE ATE
12.	OFFICERS AND	the second of th	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	DOVID A. ZEIHER	L_J DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	MADI SU 98 AUES	<del>رس</del>	13 STREET ADDRESS	None	
CITY-ST-ZIP	MIAMIFE. 201	DELETE	1.4 CITY - ST - ZiP		Change Addition
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CITY-ST-ZIP			2 4 CITY - ST - ZIP		
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NAME	-		: 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE	İ	☐ DELE TE	6 1 TITLE		☐ Change ☐ Addition

6.2 NAME

14. 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP