

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90126 019 ***150.00

DOCUMENT # P98000091843

1. Corporation Name
ASSET & TAX MANAGEMENT, INC.



Principal Place of Business
15751 SHERIDAN ST. SUITE 124
FT LAUDERDALE FL 33331

Mailing Address
15751 SHERIDAN ST. SUITE 124
FT LAUDERDALE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1998

4. FEI Number
105-0871850
Applied For
Not Applicable

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MARTIN H
15751 SHERIDAN ST, SUITE 124
FT LAUDERDALE FL 33331

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP		3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Martin H Cohen MARTIN H COHEN, Pres. 4/14/99 (954) 442 1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)