Applied For

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

□No

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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90244 049 ***150.00

DOCUMENT # DOO

1. Corporation Name COUNTYWIDE TAX SERVICE, INC.					I TORRESON FOR CONSISTENCE ARTIS BOSTO BOSTO BOSTO FOR STATE SA SE
Principal Place of Business 3041 NORTH OAKLAND FOREST DRIVE FORT LAUDERDALE FL 33309		Mailing Address 3041 NORTH OAKLAND FOREST DRIVE FORT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/19/1998
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number 65 - 0875982
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired - \$8.
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5
Zip	Country 25	Zip	Country		This corporation owes the current year Intangible Personal Property Tax.
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 82 83	Street	Address (P.O. Box Number is Not Acceptable)
			84	City	85

DΩ	NOT	WRITE	IN	THIS	SPACE
\sim		****			0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Stagetime speed or promised and of organized agent and title 4 applications NOTE reputered Agent applicative required when remainting) DATE	CORAL GABLES FL 33134					·		· ·
11. Pursuant to the provisions of Sections 507.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, apid accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. In Title PSD HARRING, JUDITH 3041 NORTH OAKLAND FOREST DRIVE 1.3 STREET ADDRESS CITY-ST-2P HALL, ROBERT 3041 NORTH OAKLAND FOREST DRIVE 1.4 CITY-ST-2P 1.5 TITLE 1.6 Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 TITLE 1.5 TITLE 1.6 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 TITLE 1.5 TI							71 0	
office or registered agent, or both, in the State of Horida, Such change was authorized by the corporation's poor of directors. I nereby accept the appointment as registered agent, it am familiar with, paid accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNAME SIGNAME SIGNATURE SIGNAME SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAME SIGNATURE SIGNATU			84	City	F	L 85	Zip C	ode
Staglinity speed or printed année of registered agent and titre il speciatione. NOTE: Repotenced Agent are required when remotability Staglinity speed or printed année of registered Agent als apparature required when remotability Staglinity S	office or re	egistered agent, or both, in the State of Florida, Such change was aut	thorized by	ine corpora	progration submits this statement for the purpose	of chang	ing its r as reg	egistered istered
PSD	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	Registered Agen	signature requ				
HERRING, JUDITH STREET ADDRESS ONT NORTH OAKLAND FOREST DRIVE STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE JOHN MAME HALL, ROBERT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 L4 CITY-ST-ZIP JOHN MAME HALL, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE JOHN MAME JOHN	12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE VTD DELETE 21 TITLE VTD ANAME HALL, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE OPERATORESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP ANAME STREET ADDRESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP ANAME STREET ADDRESS C	TITLE	PSD DELETE	1.1 TITLE			□cı	ange	Addition
CITY-ST-ZIP	NAME	HERRING, JUDITH	1.2 NAME					
TITLE	STREET ADDRESS	3041 NORTH OAKLAND FOREST DRIVE	1.3 STREET	ADDRESS				
TITLE	CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST	-ZIP				
STREET ADDRESS SOUTH OAKLAND FOREST DRIVE 23 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 2.4 CITY-ST-ZIP	TITLE	VTD DELETE	2.1 TITLE			CI	nange	☐ Addition
CITY_ST_ZIP	NAME	HALL, ROBERT	2.2 NAME					
TITLE	STREET ADDRESS	3041 NORTH OAKLAND FOREST DRIVE	2.3 STREET	ADDRESS				
TITLE	CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2.4 CITY-S	T-ZIP				****
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE	☐ DELETE	3.1 TITLE			□cı	nange	☐ Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP	NAME		3.2 NAME					
DELETE	STREET ADDRESS		3.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP		3.4. CITY-S	T-ZIP				
### ### ##############################	TITLE	☐ DELETE	4.1 TITLE			□c	hange	☐ Addition
### Addition #### Addition ###################################	NAME		4. 2 NAME					
DELETE DELETE 5.1 TITLE Change Addition	STREET ADDRESS		4.3 STREET	ADDRESS				•
NAME	CITY-ST-ZIP		4.4 CITY-S1	-ZIP				
STREET ADDRESS	TITLE	☐ DELETE	5.1 TITLE		•	□cı	ange	☐ Addition
STREET ADDRESS	NAME		5.2 NAME	l				
DELETE	STREET ADDRESS		5.3 STREET	ADDRESS				
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP		5.4 CITY-ST	- ZIP				
STREET ADDRESS 6.3 STREET ADDRESS CITY- ST- ZIP 6.4 CITY- ST- ZIP	TITLE	☐ DELETE	6.1 TITLE				nange	☐ Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME		6.2 NAME					
CHT-S1-ZIP	STREET ADDRESS		6.3 STREET	ADDRESS				
	CITY-ST-ZIP							

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 informatic 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: