

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23047** (1)

1. Corporation Name
TAX-ADVANTAGED PAYROLL SYSTEM-ONE, INC.



Principal Place of Business: **2700 WESTHALL LANE SUITE 250 MAITLAND FL 32751**
Mailing Address: **2700 WESTHALL LANE SUITE 250 MAITLAND FL 32751**

3. Date Incorporated or Qualified: **01/04/1991**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business: **2700 WESTHALL LANE SUITE 250 MAITLAND FL 32751**
2a. Mailing Address: **2700 WESTHALL LANE SUITE 250 MAITLAND FL 32751**

4. FEI Number: **59-3039948**
Applied For: Not Applicable

21. Suite, Apt. #, etc.: **Suite, Apt. #, etc.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **City & State**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip: **Zip** Country: **Country**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip: **Zip** Country: **Country**

25. Zip: **Zip** Country: **Country**

26. Zip: **Zip** Country: **Country**

27. Zip: **Zip** Country: **Country**

28. Zip: **Zip** Country: **Country**

29. Zip: **Zip** Country: **Country**

30. Zip: **Zip** Country: **Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODARD, W. BRUCE
2700 WESTHALL LANE
SUITE 250
MAITLAND FL 32751**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of appointment. (B-2) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WOODARD, W. BRUCE
STREET ADDRESS	2700 WESTHALL LANE
CITY - ST - ZIP	MAITLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROAT, KATHLEEN W.
STREET ADDRESS	2700 WESTHALL LANE
CITY - ST - ZIP	MAITLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **4-30-96** **407-875-0336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)