

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90064 044 ***150.00

DOCUMENT # S81957

1. Corporation Name

JOHN'S TAX AND BUSINESS SERVICES INC.

Principal Place of Business

734 NW 141ST STREET
MIAMI FL 33168

Mailing Address

734 NW 141ST STREET
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

65-0283431

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ABNER, BEVERLY
734 NW 141ST STREET
MIAMI FL 33168

10. Name and Address of New Registered Agent

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

Beverly Abner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME ABNER, BEVERLY L.
STREET ADDRESS 734 NW 141ST STREET
CITY-ST-ZIP MIAMI FL

S ☐ DELETE

NAME ABNER, ROSEN D.
STREET ADDRESS 734 NW 141ST STREET
CITY-ST-ZIP MIAMI FL

P ☐ DELETE

NAME LEWIS, ROBERT D.
STREET ADDRESS 734 NW 141ST STREET
CITY-ST-ZIP MIAMI FL

D ☐ DELETE

NAME GORMAN, CHRISTINA
STREET ADDRESS 301 BIRCH AVE
CITY-ST-ZIP ORANGE CITY FL

D ☐ DELETE

NAME REIDER, CAROLYN
STREET ADDRESS 2000 NE 135 ST APT 304
CITY-ST-ZIP MIAMI FL

VP ☐ DELETE

NAME LEWIS, MICHAEL B
STREET ADDRESS 734 NW 141 ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME LEONARD, SUZANNE M.
1.3 STREET ADDRESS 734 NW 141 ST
1.4 CITY-ST-ZIP MIAMI, FL 33168

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 305-681-0039
Date Daytime Phone #

CR2E034 (11/98)