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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # V41478 1. Corporation Name TAX ANALYSTS ADVISORY SERVICE	` ')		
Principal Place of Business	Mailing Address		1 10011 OLIO11 GIORL HANII GIFFI EDODI INII DINII DI	INN DINN DINN DINN DIKA ENGA
1100 CLEVELAND ST	P O BOX 3895			
SUITE 903	CLEARWATER FL 34630	1		
CLEARWATER FL 34615	US		DO NOT WRITE IN THE	S SPACE
U\$			Date Incorporated or Qualified	
			06/05/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3127214	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite 1104 A	27		5. Commodic of claims bosines	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		1rust Fund Contribution	Added to Fees
Zip 33 755 Country	7ip 20-21 01	Country	8. This corporation owes or has paid the o	
	29 33767	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current	l Registered Agent		10. Name and Address of New Registere	d Agent
GATES, BRYAN E. 270 SKIFF PT		81 Name		
B-1			dress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34630 3376	47	83		
		84 City		85 Zip Code
			F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the ob	ol Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the control of the purpose accept the appropriate the control of the control o	of changing its registered ppointment as registered
SIGNATURE				
Signature, typed or printed name of registered ages	· · · · · · · · · · · · · · · · · · ·	HE Registered Agent signature requ		
Signature, typed or printed name of registered agree 12. OF FICE HS ANI	DIRI CTORS	13.	ored when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
Signature, typed or printed name at registrical age. 12. OF FICE HS AND TITLE P	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE		ND DIRECTORS IN 12
12. OF FICE HS AND TITLE P NAME GATES, JEAN	DIRI CTORS	13. 1.1 TITLE 1.2 NAME		
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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.

FILED Apr 14 1998 8:00am Secretary of State