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FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # V51831 (8)

1. Corporation Name
COMPUTER TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
4706 S LE JEUNE RD CORAL GABLES FL 33146 US	4706 S LE JEUNE RD CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business		2a. Mailing Address
21	1900 SW 57TH AVENUE	26	1900 SW 57TH AVENUE
22	Suite, Apt. #, etc. 2	27	Suite, Apt. #, etc. 2
23	City & State MIAMI, FL.	28	City & State MIAMI, FL.
24	Zip 33155	29	Zip 33155
25	Country	30	Country

3. Date Incorporated or Qualified: 07/17/1992

4. FEI Number: 65-0347444 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCAW, KAY E.
4706 S LE JEUNE RD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: WOODRUFF, ROY F.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 SW 57TH AVENUE SUITE 2
83
84 City: MIAMI FL 85 Zip Code 33155

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] 5/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MCCAW, KAY E.	
STREET ADDRESS	4706 S LE JEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WOODRUFF, ROY F.	
1.3 STREET ADDRESS	1900 SW 57TH AVENUE SUITE 2	
1.4 CITY-ST-ZIP	MIAMI, FL. 33155	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	WALLER, LUCIA E.	
2.3 STREET ADDRESS	11736 SW 110 TERRACE	
2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
3.1 TITLE	VP/TREASURER	☐ Change ☒ Addition
3.2 NAME	BLANTON, CATHERINE W.	
3.3 STREET ADDRESS	1506 ALBERCA ST.	
3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134-2449	
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		

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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.

SIGNATURE: [signature] 5/21/98 305-269-0355