


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

004834

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V51831</b>					
1. Corporation Name <b>COMPUTER TAX &amp; ACCOUNTING SERVICES, INC.</b>					

**FILED**

99 AUG 10 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1800 SW 57TH AVENUE 2 MIAMI FL 33155 US</b>	Mailing Address <b>1800 SW 57TH AVE 2 MIAMI FL 33155 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/17/1992</b>	4. FEI Number <b>65-0347444</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WOODRUFF, ROY F 1900 SW 57TH AVE, STE 2 MIAMI FL 33155</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	WOODRUFF, ROY F
STREET ADDRESS	1900 SW 57TH AVE, STE 2
CITY-ST-ZIP	MIAMI FL 33155
TITLE	NAME
S	WALLER, LUCIA E
STREET ADDRESS	11736 SW 110 TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	NAME
VPT	BLANTON, CATHERINE W
STREET ADDRESS	1506 ALBERCA ST
CITY-ST-ZIP	CORAL GABLES FL 33134-2449
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 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.

SIGNATURE: \_\_\_\_\_ DATE: 7/15/99 305-269-0255

CR2E034 (5/99)

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Excuse for late filing:

When I dismissed my secretary, Lucia Waller, she trashed my office and destroyed some important documents. As a result of this I was not aware that we had not filed the Annual Report. My payment of \$150<sup>00</sup> is enclosed, and I request that the penalty rate be abated. *Abraham*  
*Roytbergoff*