

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 623033 (8)

1. Corporation Name

ACCESS/INTERNATIONAL, INC.



Principal Place of Business

751 PARK OF COMMERCE DRIVE
SUITE 126
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DRIVE
SUITE 126
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21 370 W. CAMINO GONS BLVD 26 200 ~~W. CENTRAL AVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 108

27

City & State

City & State

23 BOCA RATON FL

28 MOUNTAIN SIDE NJ

Zip

Zip

Country

Country

24 33432

25

USA

29

07092

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBAUM, DANIEL S
BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE. SOUTH, NINTH FLOOR
WEST PALM BEACH FL 33401

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable

(Filer: If Governor Appointed, signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PSD	☐ DELETE
NAME	FOSS, JOHN P.	
STREET ADDRESS	1320 S.W. 20TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	☐ DELETE
NAME	ANNA EDSON	
STREET ADDRESS	1320 SW 20th St	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VSD	☐ DELETE
NAME	EDWARD MURPHY	
STREET ADDRESS	91 CHRISTINE DR	
CITY-ST-ZIP	E. HANOVER NJ 07936	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PD	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP	BOCA RATON, FL. 33486	
5. TITLE		☒ Change ☒ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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

JOHN P. FOSS PRESIDENT

3/12/96

407-392-0541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE