PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H26061

1. Corporation Name

SMALL BUSINESS ACCOUNTING SERVICES, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90065 002 ***150.00



| Principal Place | of Business | Mailing Address | | | Ì | | |
|--|--|-------------------------------------|-----------------|---|---|---------------|----------------|
| 2400 E. COMME | ERCIAL BLVD., STE, 517A | 2400 E. COMMERCIAL BLVD., \$1 | E. 517/ | 4 | | | |
| FORT LAUDERD | DALE FL 33308 | FORT LAUDERDALE FL 33308 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | 110 01 110 1 | |
| | | | | | 10/17/1984 | | { |
| a Driveinal Di | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| | ace of Business | 26 | | | 59-2474721 | | Not Applicable |
| 21 Suite Anti- | #, etc | Suite, Apt-#, etc | | | | | 5 Additional |
| | rr, etc. | 27 | | | 5. Certificate of Status Desired | | Required |
| City & State | <u> </u> | City & State | | | 6. Election Campaign Financing | \$5.0 | 0 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year | r Intangible | | |
| 24 | 25 29 30 | | - | | Personal Property Tax. ☐ Yes ☐ No | | □No |
| | g. Name and Address of Current | <u></u> | | | 10. Name and Address of New Register | red Agent | |
| 3, Haile and Address of Surface registers a right. | | | | Name | | | |
| DE N | <i>I</i> EO, ANTHONY | 82 Street Ad | | 01 | Here (D.O. Boy Nigobor in Nigt Assessmith) | | |
| 2400 | E COMMERCIAL BLVD | | | Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| _ | E 517A | | 83 | | | | |
| FT. L | AUDERDALE FL 33308 | | L | | | | |
| | | | 84 | City | F | Fi 85 Zi | ip Code |
| Duraniant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes th | e abov | e-named.co | rporation submits this statement for the purpose | e of changing | its registered |
| office or re | egistered agent, or both, in the State om familiar with, and accept the obligati | if Florida. Such change was authori | zeo ov | the corpora | tion's board of directors. I hereby accept the ap | pointment as | registered |
| SIGNATURE | | | | | oired when reinstation) DATE | | |
| Constitution of the Consti | | | | nt signature requ | ADDITIONS/CHANGES TO OFFICERS | | TORS IN 12 |
| 12. | | | 13. .1 TITLE | | ADDITIONS/CHANGES TO OFFICE AS | Chang | |
| TITLE | PTSD | - | 2 NAME | , | | | _ |
| NAME | LADIAS, ANGELA | | | | | | - |
| STREET ADDRESS | | | | TADORESS | | | |
| CITY-ST-ZIP | PALOS HILLS IL 60465 | | 4 CITY-5 | 1-ZIP | | [] Chang | ge Addition |
| TITLE | V | _ | .1 TITLE | | | | ,, |
| NAME | MOSCOSO, M. ELENA | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 4 CITY- | ST-ZIP | | [] Chang | ge Addition |
| TITLE | | | .1 TITLE | | | □ cuant | te 🗆 Vocinou |
| NAME | | | .2 NAME | | | | |
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| City-St-ZiP | | | 4. CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE 4 | .1 TITLE | İ | | Chang | ge 🔯 Addition |
| NAME | | 4 | . 2 NAME | | | |) |
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| CITY-ST-ZIP | | | .4 CITY- 9 | T-ZIP | | | |
| TITLE | | | .1 TITLE | Ì | | Chang | ge |
| NAME | | 1 : | .2 NAME | | | | 1 |
| STREET ADDRESS | | 5 | .3 STREE | TADORESS | | | |
| CITY-ST-ZIP | • | 5 | 4 CITY-5 | T-ZIP | | | |
| TITLE | | ☐ DELETE 6 | 1 TITLE | | | Chang | ge Addition |
| NAME | | 6 | .2 NAME | | | | } |
| STREET ADDRESS | ļ | i e | .3 STREE | TADDRESS | | | |
| OURTH MODITION | ł | | | 1 | | | 1 |

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: