

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

**APPROVED  
AND  
FILED**

**1997 MAY 27 PH 2:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**

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

**DOCUMENT # K57464**  
1. Corporation Name  
**DATA-FLOW ACCOUNTING SERVICE INC.**

Principal Place of Business  
**UNIT 121  
4105 FAIRVIEW VISTA PT  
ORLANDO FL 32804**

Mailing Address  
**UNIT 121  
4105 FAIRVIEW VISTA PT  
ORLANDO FL 32804**

3. Date Incorporated or Qualified **1/5/89** 3a. Date of Last Report **2/19/96**

4. FEI Number **65-0092402** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**NINA DEJANGUARDIA  
STE A3A  
4101 VINELAND RD  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name **NINA DEJANGUARDIA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**UNIT 121 4105 FAIRVIEW VISTA PT**

83 City **ORLANDO** FL 85 Zip Code **32804**

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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DATA DEJANGUARDIA</b> <input type="checkbox"/> DELETE
NAME	<b>NINA DEJANGUARDIA</b>
STREET ADDRESS	<b>STE A3A</b>
CITY-ST-ZIP	<b>4101 VINELAND ORLANDO FL 32811</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D + P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>NINA DEJANGUARDIA</b>
13 STREET ADDRESS	<b>UNIT 121 4105 FAIRVIEW VISTA PT</b>
14 CITY-ST-ZIP	<b>ORLANDO FL 32804</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>000002195240--3</b>
23 STREET ADDRESS	<b>-05/29/97--01109--002</b>
24 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>SCL 5-27-97</b>
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the filer, 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]* DATE **5/22/97** (407) 522-440

CR2E034 (9/96)

#K 57464

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May 22, 1997

Dear Elizabeth:

Per our conversation, I am requesting the abatement of any penalty due to the fact that I moved and did not receive my preprinted forms. I requested blank ones, properly filled them out, and enclosed them. I believe, if you check the records I am usually on time with my forms. I am enclosing the first letter to you in which I was assured that an address change was initiated, however I still did not receive my forms. Thank you in advance for your cooperation on this matter.

Sincerely,



Nina DeVanguardia