

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

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 30 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **137500**  
1. Corporation Name  
**Accu Serve, Inc.**

Principal Place of Business: **230 W. Fern St. One Tampa City Center, Ste. 2100 Tampa, Fl. 33604**  
Mailing Address: **P.O. Box 2765 33601-2765**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>12/14/1989</b>	3a. Date of Last Report <b>11/04/1996</b>
4. FEI Number <b>59-2987669</b>	Applied For <input type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Hansley, Debora B.  
201 N. Franklin St.  
St. 2100  
Tampa, Fl. 33602**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent, and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>Director</b>	<input type="checkbox"/>
NAME	<b>Hansley, Robert E.</b>	
STREET ADDRESS	<b>230 W Fern St.</b>	
CITY-ST-ZIP	<b>Tampa, Fl.</b>	
TITLE	<b>Director</b>	<input type="checkbox"/>
NAME	<b>Poehl, Kyle R.</b>	
STREET ADDRESS	<b>3867 Lake Joyce dr.</b>	
CITY-ST-ZIP	<b>Land O Lakes, Fl.</b>	
TITLE	<b>Director</b>	<input type="checkbox"/>
NAME	<b>Hansley, Debora B.</b>	
STREET ADDRESS	<b>230 W. Fern St.</b>	
CITY-ST-ZIP	<b>Tampa, Fl.</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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\*\*\*\*165.00 \*\*\*\*165.00

14. I do 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: **Kyle R. Poehl Kyle R. Poehl 7/23/1997 (818) 239-1104**

CR2E034 (9/96)

7/23/1997

pg. 2

To whom it may concern -

We never received our corp. report form in the mail this year, and have thus not filed. We requested a form from the Dept. of State, and was informed by Carol at (850) 487-6056 #1 to include a check for \$165.00. We are sorry for any inconvenience this may have caused, however, let me assure you that we file on time and that we filed this form immediately upon receipt. Thankyou for your attention to this matter.

Sincerely,

Kyle Paehl  
AccuServe, Inc.  
(813) 239-1104