FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034485 (1)

1. Corporation Name
ACCU-TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
3200 N. MILITARY TRAIL SUITE 400 BOCA RATON FL 33431 US	2611 CONGRESSIONAL WAY POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1810 Sabel drive	26 1810 Sabel drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deerfield Beach Fl	City & State 28 Deerfield Beach Fl
Zip 24 33442 Country 25	Zip 29 33442 Country 30

4. FEI Number: 65-0418052 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIRNUN, MORRIS A
3200 N MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Girnun, morris A
82 Street Address (P.O. Box Number is Not Acceptable): 1810 Sabel drive
83
84 City: deerfield beach FL 85 Zip Code: 33442

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	PS	☒ Change ☐ Addition
NAME	GIRNUN, MORRIS A	12 NAME	Girnun, morris A	
STREET ADDRESS	3200 N. MILITARY TRAIL, SUITE 400	13 STREET ADDRESS	1810 Sabel drive	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Deerfield Beach Fl 33442	
TITLE		21 TITLE	VT	☐ Change ☒ Addition
NAME		22 NAME	Girnun, Jodi	
STREET ADDRESS		23 STREET ADDRESS	1810 Sabel drive	
CITY-ST-ZIP		24 CITY-ST-ZIP	deerfield beach Fl 33442	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	GIRNUN RENE'	
STREET ADDRESS		33 STREET ADDRESS	1810 SABEL DRIVE	
CITY-ST-ZIP		34 CITY-ST-ZIP	DEERFIELD BEACH FL. 33442	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Mush Girnun 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118000 CP