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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

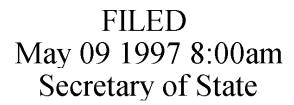
DOCUMENT # P93000059372 (1)

AUTOMATED PAYROLL AND ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

1819 GLENGARY STREET SARASOTA FL 34231 1819 GLENGARY STREET SARASOTA FL 34231-3603





ÜS			U\$	US			3. Date Incorporated or Qualified 08/20/1993 3a. Date of Last Report 05/01/1996				
2. Principal Pl			2a. Mailing Address				4. FEI Number		··	Applied For	
21 1651		SEMERE ST		5/3	2-		65-0440006		!	Not Applicable	
Sulte, Apt.			Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	?A5017A		City & State 28 SAKA SOTA	28 SAKASOTA, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24 342	39	Country 25 USA	29 34277 -0132	30 d	ntry USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name i	and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Ag	jent		
DRYMON, JAMES J							B1 Name				
1605 MAIN STREET SUITE 705 SARASOTA FL 34236						82 Street Address (P.O. Box Number is Not Acceptable) 83					
						L					84 City
office or re	egistered age	ent, or both, in the Sti	3502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized	d by the co	ed corp orporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of cl of the appoir	hanging ntment a	its registered as registered	
SIGNATURE	Stanature, typed r	or printed name of registered	agent and title if applicable. (NOT)	: Registerer	I Agent signat	ure require	ed when reinstating)	DATÉ			
12.			AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		IRECTO	ORS IN 12	
TITLE	PTD		DELETE	1.1 1)	LF				Change	Addition	
NAME		as, Michael F		1.2 N/	ME						
STREET ADDRESS		DEMERE STREET		1.3 ST	REET ADDRES	s					
CITY-ST-ZIP	SARASOT	A FL		1.4 01	TY-ST-ZIP					<u> </u>	
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CITY-ST-ZIP	SARASOT	A FL			11 y - S1 - ZiP				~ 7 ~~		
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NAME				5.2 N					· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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NAME .				6.2 N		-		-			
STREET ADDRESS					REE1 ADDRES	s					
CITY-ST-ZIP				1	1Y-51-2IP	Ĭ					
14. I do heret	by certify that	the information supp	olied with this filing does not qualit	fy for the	exemption	ı stated	In Section 119.07(3)(i), Florida Statute	s. I further c	ertify th	at the	
informatio i am an oi	n indicated of flicer or direc	on this annual report of stor of the corporation	or supplemental annual report is ti	ruo and a rered to e	accurate a	nd that	my signature shall have the same lega t as required by Chapter 607, Florida S	d offect as if	f made ι	under oath; that	