

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000018934 (6)**

1. Corporation Name

**JOHN SULLIVAN ACCOUNTING SERVICES, INC.**



Principal Place of Business

12913 BALSAM AVE.  
HUTSON FL 34669

*Hudson PC*

Mailing Address

12913 BALSAM AVE.  
HUTSON FL 34669

*Hudson*

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

4. FEI Number

59-3299136

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

10. Name and Address of New Registered Agent

81. Name

*John Sullivan*

82. Street Address (P.O. Box Number is Not Acceptable)

*12913 BALSAM AVE*

83.

*Hudson*

*PC*

*34669*

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.007 and 607.1504, 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, whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.007 and 607.1504, Florida Statutes.

SIGNATURE

*John Sullivan*

DATE

*4/1/96*

12. OFFICERS AND DIRECTORS

TITLE	[ ] DELETE
NAME	<b>SULLIVAN, JOHN</b>
STREET ADDRESS	<b>12913 BALSAM AVE.</b>
CITY-STATE-ZIP	<b>HUTSON FL 34669</b>
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	[ ] Change [ ] Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	[ ] Change [ ] Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	[ ] Change [ ] Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	[ ] Change [ ] Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	[ ] Change [ ] Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes; or on an attachment with an address.

SIGNATURE *John Sullivan* John Sullivan

*4/1/96* 8138617877

CR2E034 (12/95)