

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000021851 (7)**  
 1. Corporation Name  
**ACCESS/IRS, INC.**



Principal Place of Business  
**370 W CAMINO GDNS BLVD.  
 SUITE 108  
 BOCA RATON FL 33432**

Mailing Address  
**370 W CAMINO GDNS BLVD.  
 SUITE 108  
 BOCA RATON FL 33432**

3. Date Incorporated or Qualified <b>03/17/1995</b>	3a. Date of Last Report <b>07/27/1995</b>
4. FEI Number <b>65-0567366</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <b>200 CENTRAL AVE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>MOUNTAINSIDE, NJ</b>
Zip 24	Country 29 <b>07092</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**ROSENBAUM, DANIEL S  
 BECKER & POLIAKOFF, P.A.  
 500 AUSTRALIAN AVENUE SOUTH, NINTH FLOOR  
 WEST PALM BEACH FL 33401-4**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and date of signature. DATE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN P. FOSS</b>	
STREET ADDRESS	<b>1320 S.W. 20TH STREET</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>ANNA EDSON</b>	
STREET ADDRESS	<b>1320 SW 20TH ST</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33486</b>	
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>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>EDWARD MURPHY</b>	
33 STREET ADDRESS	<b>91 CHRISTINE DR</b>	
34 CITY - ST - ZIP	<b>E. HANOVER, NJ 07936</b>	
41 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>GUSTAVO UGLEZ</b>	
43 STREET ADDRESS	<b>3600 NE 62 DR</b>	
44 CITY - ST - ZIP	<b>BOCA RATON, FL 33431</b>	
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		
63 STREET ADDRESS		
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)(k), 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: **JOHN P. FOSS** PRESIDENT **3/12/96** 407-392-0541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day, Month, Year) TELEPHONE NUMBER

CR2E034 (12/95)