

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P95000021851 (7)

1. Corporation Name:
ACCESS/IRS, INC.



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

Mailing Address
~~**200 CENTRAL AVENUE
 SUITE 100
 MOUNTAIN SIDE NJ 07092-1826
 US**~~

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **222 Columbia Trpk**

27 City & State
Florham Park, NJ

28 Zip Country
07932 US

29 30

3. Date Incorporated or Qualified **03/17/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0567366** 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

**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 **FL** 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: _____ (NOTE: Registered Agents signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHN P. FOSS	
STREET ADDRESS	1320 S.W. 20TH STREET	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANNA EDSON	
STREET ADDRESS	1320 SW 20TH ST	
CITY, ST, ZIP	BOCA RATN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURPHY, EDWARD	
STREET ADDRESS	91 CHRISTINE DR	
CITY, ST, ZIP	E HANOVER NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VELEZ, GUSTAVO	
STREET ADDRESS	3600 NE 6TH DR	
CITY, ST, ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 included in 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 5, 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Edson VP* 3-12-97 201-360-0750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)