

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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021851 (7)
 1. Corporation Name
ACCESS/RS, INC.



Principal Place of Business 370 W.CAMINO GONS BLVD. SUITE 108 BOCA RATON FL 33432	Mailing Address 222 COLUMBIA TPK FLORHAM PARK NJ 07932 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/17/1995	4. FEI Number 65-0567366
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code FL
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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 Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	JOHN P. FOSS		1320 S.W. 20TH STREET
CITY-ST-ZIP	BOCA RATON FL		
TITLE	VSD	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	ANNA EDSON		1320 SW 20TH ST
CITY-ST-ZIP	BOCA RATON FL		
TITLE	VD	<input type="checkbox"/> DELETE	NAME
STREET ADDRESS	MURPHY, EDWARD		91 CHRISTINE DR
CITY-ST-ZIP	E HANOVER NJ		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	NAME
STREET ADDRESS	VELEZ, GUSTAVO		3800 NE 8TH DR
CITY-ST-ZIP	BOCA RATON FL		
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

1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
3.2 NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE
6.2 NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP

14. I 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 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: _____ DATE: 6-11-98

CP2E034 (10/97)

973-360-0750