

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

**FILED**  
**Mar 21 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 # P95000044192 (9)**

1. Corporation Name  
**ACCESS/IRS PROP., INC.**



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

Mailing Address  
~~**208 CENTRAL AVE.  
 MOUNTAINSIDE NJ 07092-1826  
 US**~~

2. Principal Place of Business  
 21 | Suite, Apt. #, etc.  
 22 | City & State  
 23 | Zip Country  
 24 | 25 |

2a. Mailing Address  
 26 | **222 Columbia Trpk**  
 Suite, Apt. #, etc.  
 27 | City & State  
 28 | **Florham Park, NJ**  
 Zip Country  
 29 | **07932** 30 | **US**

3. Date Incorporated or Qualified **05/31/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0647762** 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 SO., NINTH FLOOR  
 WEST PALM BEACH FL 33401**

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 607.0902 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when recataloging)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD FOSS, JOHN 1320 SW 20TH ST. BOCA RATON FL	<input type="checkbox"/>	1.1 TITLE	
VSD	<input type="checkbox"/>	1.2 NAME	
EDSON, ANNA 1320 SW 20TH ST. BOCA RATON FL	<input type="checkbox"/>	1.3 STREET ADDRESS	
VD	<input type="checkbox"/>	1.4 CITY - ST - ZIP	
MURPHY, EDWARD 91 CHRISTINE DR. E. HANOVER NJ	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	2.2 NAME	
	<input type="checkbox"/>	2.3 STREET ADDRESS	
	<input type="checkbox"/>	2.4 CITY - ST - ZIP	
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY - ST - ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY - ST - ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY - ST - ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3-12-97 201-360-0750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)