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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000098017 (3) SMALL BUSINESS ACCOUNTING, P.A.

Principal Place of Business 2826 SHADER ROAD ORLANDO FL 32808 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		Mailing Address 2826 SHADER ROAD ORLANDO FL 32808-3918 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualified 12/29/1995 4. FEI Number 58-2215375 S. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 3a. Date of Last Report 04/18/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
Zip	Country Z/o		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 9, Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
2826 ORL	NE, MARC A I SHADER ROAD ANDO FL 32808		8	3 4 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code	
office or re	eg stered agent, or both, in the Sta m fam far with, and accept the obl signation the for polled page or equation.	ite of Florida. Such change wa igations of, Section 607.0505,	is authorized Florida Statut	by the corporal	poration submits this statement for the ption's board of directors. I hereby accepted when renstating) ADDITIONS/CHANGES TO OFFICE	pt the appointment as registered	
TIGLE		DELETE	11700		ABBITIONO/OFFANGES TO OFFIC	Change Addition	
NAME STREEL ADDRESS City+ST+ZIP	PD Payne, Marc A 2826 Shader Road Orlando Fl 32808		1.2 NAM 1.3 STRE				
TITLE NAME STREEL ADDRESS CITY-SL-ZIP	SVTD PAYNE, MARIANNE 2826 SHADER ROAD ORLANDO FL 32808	[_] DELETE		1		Change Addition	
TITLE NAME STREET ADDRESS CITY: ST: ZIP		☐ DELETE	3.1 TITL! 3.2 NAM 3.3 STRE			☐ Change ☐ Addition .	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 Total 4 2 NAM 4.3 STRE 44 City	IE et address		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	5 1 TITLE 5 2 NAM	E Et address		Change Addition	
THLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE 6.1 TI 62 N		6.1 TITU 6.2 NAM 6.3 STRE 6.4 CITY	E E1 ADDRESS -ST-ZIP	d in Section 110 07(2VI) Florida Ctab to	Change Addition	

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changer, or on an attachment with an address.

SIGNATURE:

FILED

Jan 16 1997 8:00am

Secretary of State