

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000081634 (3)**  
 1. Corporation Name  
**A-1 TAX & ACCOUNTING, INC.**



Principal Place of Business <b>601 W. OAKLAND PARK BLVD.                  SUITE A-1                  FT LAUDERDALE FL 33311</b>	Mailing Address <b>601 W. OAKLAND PARK BLVD.                  SUITE A-1                  FT LAUDERDALE FL 33311</b>
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**09/30/1996**

2. Principal Place of Business <b>6656 SW 41 ST</b>	2a. Mailing Address <b>6656 SW 41 ST</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State <b>DAVIE FL</b>	27 City & State <b>DAVIE FL</b>
23 Zip <b>33314</b>	29 Zip <b>33314</b>
25 Country	30 Country

4. FEI Number  
**65-0695833**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MCADAMS, MARIA  
 6656 S.W. 41ST ST  
 DAVIE FL 33314**

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 Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCADAMS, MARIA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADAMS, MARIA	1.2 NAME	
STREET ADDRESS	6656 S.W. 41ST ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	1.4 CITY - ST - ZIP	
TITLE	VD MCADAMS, KENNETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADAMS, KENNETH	2.2 NAME	
STREET ADDRESS	6656 S.W. 41ST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Maria McAdams* 4/14/98 464-584-1898

CR2E034 (10/97)