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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State
06-07-1999 90011 037 ***550.00

DOCUMENT # **P97000058187**

1. Corporation Name
ACCREDITED BOND AGENCIES, INC.

Principal Place of Business	Mailing Address
918 SOUTH ORANGE AVENUE ORLANDO FL 32806	P.O. BOX 568529 ORLANDO FL 32856-8529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/02/1997

4. FEI Number: 59-3457839 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SNOW, DEBORAH A
918 SOUTH ORANGE AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: DEBORAH SNOW JALLAD
82 Street Address (P.O. Box Number is Not Acceptable): 918 SOUTH ORANGE AVENUE
83: ☒
84 City: ORLANDO FL 85 Zip Code: 32806

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: Deborah Snow Jallad — DEBORAH SNOW JALLAD, VICE PRES. — 5/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDC	☐ DELETE	1.1 TITLE	VDC	☒ Change ☐ Addition
NAME	~~SNOW, DEBORAH A~~		1.2 NAME	DEBORAH SNOW JALLAD	
STREET ADDRESS	918 SOUTH ORANGE AVENUE		1.3 STREET ADDRESS	918 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JALLAD, SHARON S		2.2 NAME		
STREET ADDRESS	918 SOUTH ORANGE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~JALLAD, J. SAMIR~~		3.2 NAME	L. SAMIR JALLAD	
STREET ADDRESS	918 SOUTH ORANGE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JALLAD, JOHNNY J		4.2 NAME		
STREET ADDRESS	918 SOUTH ORANGE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Deborah Snow Jallad — DEBORAH SNOW JALLAD, V.P. — 5/21/99 — (407) 841-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)