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

DOCUMENT # P98000046884

. Corporation Name

TITLE

NAME

STREET ADDRESS

ACCESS SOUTH, INC.

						[W] }		4 111 8181 1881
Principal Place of Business Mailing Address								
515 NORTH FLAGLER DRIVE 515 NORTH FLAGLER DRIVE								
SUITE 1800		SUITE 1800		DO NOT WRITE IN THIS SPACE				
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401		3. Date Incorporated or Qualifed				
					05/21/1998	or Qua mou		1
A Bringing D	lace of Business	2a. Mailing Address			4. FEI Number		TADI	olied For
<u> </u>	lace of Dusiness	26			58-74	14508	· ——	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
			27		5. Certifcate of Status	Desired	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing S5.00 Ma		May Be	
23		28			Trust Fund Contrib	•	Added to	,
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Addres	s of New Registere	ed Agent	
			81	Name				
REMSEN, JOHN L ESQUIRE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
515 NORTH FLAGLER DRIVE							·	
SUITE 1800			83		•			
WEST PALM BEACH FL 33401			84	City			85 Zip C	ode
						F		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	i, the above	e-named co	rporation submits this stater ation's board of directors. I b	nent for the purpose ereby accept the apt	or cnanging its pointment as rec	registereo aistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes	·		,,		ĺ
SIGNATURE						DATE		
OFFICE AND DIDECTORS				t signature requ	ired when reinstating) ADDITIONS/CHANG		AND DIRECTO	PS IN 12
12.	OFFICERS AND DIRECTORS D DELETE		13. 1.1 TITLE		ADDITIONS/CHAIN	ES TO OFFICERS	Change	Addition
TITLE			1.2 NAME				_ •	
NAME	ATOMA MANOR BOART DONE		1.3 STREET ADDRESS		54 BEATTY	CRES		
STREET ADDRESS	CORNELIUS NC 28031		1.4 CITY-S	1	•	ARIO CANAR	4	
CITY-ST-ZIP TITLE			2.1 TITLE	1-211	HAIPONNY OF THE	, , , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME	_		2.2 NAME					
STREET ADDRESS	TOTAL POTITION COLIDA		2.3 STREET ADDRESS		V			
CITY-ST-ZIP	AUGCOLOGATION CANADAGO LEANY O			T-ZIP	A	·. ~	-	
TITLE	D	☐ DELETE	3.1 TITLE		-		Change	Addition
NAME	QUINNEY, RICHARD		3.2 NAME				•	
STREET ADDRESS	34 HAMILTON CRESCENT		3.3 STREET	ADDRESS				
CITY-ST-ZIP	OFODOFTOWAL ONTADIO CANADA OC LALED O			T-ZIP				
TITLE	☐ DELETE		4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREET	ADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•		Change	Addition
NAME			5.2 NAME				•	
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-\$	T-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 of 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90124 016 ***150.00

R2E034 (11/98)

Addition

Change