

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90010 033 ***150.00

AMOUNT DUE ON OR BEFORE 08/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099305
 1. Corporation Name **MOBILE ACCOUNTANTS OF SOUTH FLORIDA, INC.**



Principal Place of Business 16229 68TH ST NORTH LOXAHATCHEE FL 33470	Mailing Address 16229 68TH ST NORTH LOXAHATCHEE FL 33470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 2a	3. Date Incorporated or Qualified 11/23/1998	4. FEI Number 65-0866969	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MARTINEZ, RAPHAEL 1531 N 74 WAY HOLLYWOOD FL 33024	10. Name and Address of New Registered Agent 81 Name RAPHAEL MARTINEZ 82 Street Address (P.O. Box Number is Not Acceptable) 16229 68th St North 83 84 City LOXAHATCHEE FL 85 Zip Code 33470
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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 _____ DATE _____
Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPHAEL MARTINEZ	1.2 NAME	
STREET ADDRESS	16229 68th St North	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA MARTINEZ	2.2 NAME	
STREET ADDRESS	16229 68th St North	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(f), 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: Katherine Harris **RAPHAEL MARTINEZ** 7/1/99 954.294.1739
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

Mobile Accountants
of South Florida, Inc.

P98000099305
612072-90003-5

July 1, 1999

Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

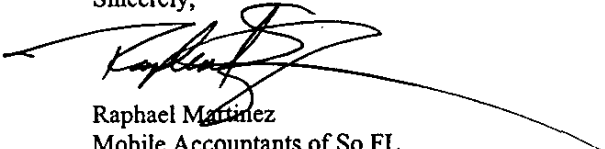
RE: Document # P98000099305

To Whom It May Concern:

~~The enclosed Annual Report is the first being filed for this corporation that was originally incorporated~~
November 23, 1998. This *Second Notice* is in fact, the *first* notice I have received. I therefore,
respectfully, request a fee waiver. Enclosed you will also find a check for One Hundred and Fifty dollars
(\$150.00) for the filing fee.

I await your response.

Sincerely,



Raphael Martinez
Mobile Accountants of So FL