

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S91152 (6)**

1. Corporation Name
DAY TO DAY BOOKKEEPING INCORPORATED



Principal Place of Business: **715 APRICOT AVE STE B SARASOTA FL 34237 US**
Mailing Address: **715 APRICOT AVE STE B SARASOTA FL 34237 US**

3. Date Incorporated or Qualified: **10/20/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 3116 WEBBER STREET**
Suite, Apt. #, etc.: **22 206-B**
City & State: **23 SARASOTA, FL**
Zip: **24 34232** Country: **25 FLORIDA**

2a. Mailing Address: **26 SAME**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **65-0292885**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MONVILLE, ROBIN
715 APRICOT AVE
SUITE D
SARASOTA FL 34237**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	MONVILLE, ROBIN	
STREET ADDRESS	715 APRICOT AVE SUITE D	
CITY-ST-ZIP	SARASOTA FL	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: *Robin S. Monville*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96 941927-7822

CR2E034 (12/95)