

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 331276 (6)

1. Corporation Name

BROWARD ACCOUNTING SYSTEMS INC

Principal Place of Business

**839 N.E. 3 AVENUE
FORT LAUDERDALE FL 33304**

Mailing Address

**839 N.E. 3 AVENUE
FORT LAUDERDALE FL 33304**

**APPROVED
AND
FILED**

95 APR 14 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1968

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1213701

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199 (13)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LARCHE JR, JAMES
2780 E. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
JOHNSON, JOHN A
839 NE 3RD AVE
FORT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
JOHNSON, CAROL S.
839 NE 3RD AVE
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
LARCHE JR, JAMES (ASST.)
2780 E. OAKLAND PARK BLVD
FORT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JOHNSON, JOHN
839 NE 3RD AVE
FORT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JOHNSON, CAROL S.
839 NE 3RD AVE.
FORT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
JOHNSON, CAROL S.
839 NE 3RD AVE.
FORT LAUDERDALE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☒ Addition
33304

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☒ Addition
33304

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☒ Addition
33306

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☒ Addition
33304

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition
33304

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN A. JOHNSON

4/11/95 (305) 764-1031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR