

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33304-1838**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**LARCHE JR, JAMES
2780 E. OAKLAND PARK BLVD
FORT LAUDERDALE FL 33308**

81 Name

LARCHE JR, JAMES

82 Street Address (P.O. Box Number is Not Acceptable)

2632 N. W. 43RD STREET

83

SUITE A-102

84 City

GAINESVILLE

FL

85 Zip Code

32606

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN A	
STREET ADDRESS	839 NE 3RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	JOHNSON, CAROL S.	
STREET ADDRESS	839 NE 3RD AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCHE JR, JAMES (ASST.)	
STREET ADDRESS	2780 E. OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN	
STREET ADDRESS	839 NE 3RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CAROL S.	
STREET ADDRESS	839 NE 3RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33304

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33304

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2632 N. W. 43RD STREET, SUITE A-102
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33304

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33304

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

John A. Johnson

JOHN A. JOHNSON 4/8/97 (954) 764-1031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0280878

CR2E034 (9/96)