

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2317 N. E. 8TH STREET Suite, Apt. #, etc. 22 City & State 23 FT LAUDERDALE, FL Zip 24 33304 Country 25 USA		2a. Mailing Address 26 P. O. BOX 7157 Suite, Apt. #, etc. 27 City & State 28 FT LAUDERDALE, FL Zip 29 33338 Country 30 USA		3. Date Incorporated or Qualified 06/14/1968	
		4. FEI Number 59-1213701		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LARCHE JR, JAMES 2632 N.W. 43RD ST. SUITE A-102 GAINESVILLE FL 32606		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN A	1.2 NAME	
STREET ADDRESS	839 NE 3RD AVE	1.3 STREET ADDRESS	2317 N. E. 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROL S.	2.2 NAME	
STREET ADDRESS	839 NE 3RD AVE	2.3 STREET ADDRESS	2317 N. E. 8TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad.
NAME	LARCHE JR, JAMES (ASST.)	3.2 NAME	
STREET ADDRESS	2632 NW 43RD ST., STE. A-102	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN	4.2 NAME	
STREET ADDRESS	839 NE 3RD AVE	4.3 STREET ADDRESS	2317 N. E. 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROL S.	5.2 NAME	
STREET ADDRESS	839 NE 3RD AVE.	5.3 STREET ADDRESS	2317 N. E. 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE		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)(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 4/2/98 (954) 565-2897