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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **543946**

1. Corporation Name

B ACCOUNTING SERVICES, INC.

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Principal Place of Business				Mailing Address											
3025 MINUTEMAN LANE				P O BOX 1349											
BRANDON FL 33511-500				BRANDON FL 33509-349					DO NOT INDITE IN THIS SPACE						
US			US	US					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed						
									,	08/26/1977	iiiea				
2. Principal Place of Business			2a.	2a. Mailing Address					1	FEI Number			L	App	olied For
21			26	26					59-1766121 Not Applica					Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					I .	Certificate of Status Desire	ed 🗆				dditional
22			27	27					3.	Certificate of Otatos Desire			Fe	ee Red	periup
City & State			<u></u>	City & State					6. 1	Election Campaign Finance	cing 🗆		\$5	.00	May Be
23			28	28					1	Trust Fund Contribution			Ac	ided to	Fees
Zip Country				Zip Country					8.	This corporation owes the	current y	ear Int	angible		_
24 25			29	9 30						Personal Property Tax.			☐ Yes	5	□No
	9. Name a	and Address of Cur	rent Regis	stered Agent					10.	Name and Address of N	lew Regis	stered .	Agent		
	01/ 050110					8	1 1	Name							
	CK, BERNIC					8:	2 6	Stroot Addros	ss /D i	O. Box Number is Not Ac	centable)				
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						8-	4 (City				FL	85	Zip C	ode
44 Pursuant t	to the provision	one of Sections 607 (3502 and 6	07 1508 Florida Sta	itutes ti	the abo	VA-N	amed corpor	ration	submits this statement for	r the purp	ose of	changi	ng its	registered
l office or re	eaistered age	nt, or both, in the Sta	ate of Flori	da. Such change was	s autno	nzea o	y tne	e corporation	i's boa	ard of directors. I hereby	accept the	appoi	ntment	as reg	istered
agent. I ar	m familiar witi	h, and accept the obl	igations of	f, Section 607.0505, I	Florida	Statute	s.								
Į.															
SIGNATURE				Ware line to the Child	OTE: Deal	internal Acr	ent ei	anature required	whon mi	instation)		DATE			
	Signature, typed o	or printed name of registered			OTE: Regi		ent si	gnature required v				ATE	ואות חו	FCTO	RS IN 12
12.	Signature, typed o	or printed name of registered OFFICERS		CTORS	OTE: Regi	13.		gnature required v		instating) ADDITIONS/CHANGES TO			ID DIRI		RS IN 12
12.	P	OFFICERS			OTE: Regi	13. 1,1 TITLE		gnature required v							
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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 receiper 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS