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

SIGNATURE:

May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 621096 ACCU-DATA PROCESSING SERVICE OF FLORIDA, INC. Principal Place of Business Mailing Address 2427 W. BROWARD BLVD 2427 W. BROWARD BLVD FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1922929 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Walsh, Gerald V. 81 MARY EARNEST 2890 UNIVERSITY DR. Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 ROAD & - 008∂ GRIFFIN 84 Zip Cost ろうちこと DAVIE and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida Such change was authorized by the corporation's board of directors. I hereby accept he appointment as registered 11. Pursuant to the pr 505. Florida Statutes SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition CANTVILLE, COVEY H.,JR. 1.2 NAME 1031 SW 67TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CANTVILLE, SUZANNE MALME 2.2 NAME 1031 SW 67TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 Title NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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.

FILED