

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **643174** (6)

1. Corporation Name  
**INTERNATIONAL ACCOUNT SYSTEMS, INC.**



Principal Place of Business: **15316 NORTH FLORIDA AVE. TAMPA FL 33613-1257**  
Mailing Address: **15316 NORTH FLORIDA AVE. TAMPA FL 33613-1257**

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>10/29/1979</b>	3a. Date of Last Report <b>04/12/1995</b>
4. FEI Number <b>59-1947141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KOUWE, ROBERT P  
923 GUI SANDO DE AVILA  
TAMPA FL 33612**

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 their applicable DATE: \_\_\_\_\_ Registered Agent's signature required when the change is made

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCM	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUWE, ROBERT P	12 NAME	
STREET ADDRESS	923 GUI SANDO DE AVILA	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 0	14 CITY - ST - ZIP	
TITLE	VD	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUWE, RICHARD L	22 NAME	
STREET ADDRESS	808 BEN LOMOND	23 STREET ADDRESS	
CITY - ST - ZIP	LUTZ, FL 0	24 CITY - ST - ZIP	
TITLE	SD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, JOY	32 NAME	
STREET ADDRESS	2601 SHOREWOOD LANE	33 STREET ADDRESS	
CITY - ST - ZIP	LAND O LAKES FL	34 CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 119.07(3)(j), 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: *Joy Odom* Joy Odom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (813)968-4141  
Date Daytime Phone #

CR2E034 (12/95)