

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90139 015 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643174

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1947141	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
KOUWE, ROBERT P 923 GUI SANDO DE AVILA TAMPA FL 33612				87.75 A Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
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.				8. This corporation owes the current year intangible Personal Property Tax.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
10. Name and Address of New Registered Agent					
81 Name				CT Corporation System	
82 Street Address (P.O. Box Number is Not Acceptable)				1200 South Pine Island Rd.	
83					
84 City				Plantation	
				FL	
				85 Zip Code	
				333324	

SIGNATURE: **SEE ATTACHED**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCM	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUWE, ROBERT P		1.2 NAME	PETER J. BUGGELN	
STREET ADDRESS	923 GUI SANDO DE AVILA		1.3 STREET ADDRESS	15316 N FLORIDA AVE.	
CITY-ST-ZIP	TAMPA, FL 0		1.4 CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/ASST.SEC./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUWE, RICHARD L		2.2 NAME	THOMAS V. CEFALU, III	
STREET ADDRESS	1207 N RIVERHILLS DR		2.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, JOY		3.2 NAME	JOHN P. BOLDUC	
STREET ADDRESS	2601 SHOREWOOD LANE		3.3 STREET ADDRESS	1001 S BRICKELL BAY DR., #2708	
CITY-ST-ZIP	LAND O LAKES FL		3.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER/ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	EDWARD J. TRAHAN	
STREET ADDRESS			4.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	JACQUELINE S. CANAVIER	
STREET ADDRESS			5.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
TITLE		<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

Thomas V. Cefalu, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS V. CEFALU, III, VICE PRESIDENT 834-8800

Date

(anytime Phone #

CR2E034 (11/98)