

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

FILED
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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1947141	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified
10/29/1979

8. This corporation owes the current year intangible Personal Property Tax. Yes No n/a

9. Name and Address of Current Registered Agent

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

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**

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: See ATTACHED (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DCM	<input checked="" type="checkbox"/> DELETE
NAME	KOUWE, ROBERT P	
STREET ADDRESS	923 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA, FL 0	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOUWE, RICHARD L	
STREET ADDRESS	1207 N RIVERHILLS DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ODOM, JOY	
STREET ADDRESS	2601 SHOREWOOD LANE	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER J. BUGGELN	
1.3 STREET ADDRESS	15316 N FLORIDA AVE.	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
2.1 TITLE	VP/ASST.SEC./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS V. CEFALU, III	
2.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
2.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
3.1 TITLE	VP/SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN P. BOLDUC	
3.3 STREET ADDRESS	1001 S BRICKELL BAY DR., #2708	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
4.1 TITLE	TREASURER/ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD J. TRAHAN	
4.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
4.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACQUELINE S. CANAVIER	
5.3 STREET ADDRESS	3850 N CAUSEWAY BLVD., 2ND FL	
5.4 CITY-ST-ZIP	MEFAIRIE, LA 70002	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 THOMAS V. CEFALU, III, VICE PRESIDENT 834-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (anytime Phone #)

CRZE034 (1/198)