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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 643482

(3)

ACCURATE COMPUTER, INC.								
!	Principal Place of Business  5640 SOUTHWEST 6TH PLACE SUITE 600 OCALA FL 34474 US		SUITE 600	5640 SOUTHWEST 6TH PLACE				
			US			3. Date Incorporated or Qualified 10/30/1979	3a. Date of Lat 01/24/	•
2.	Principal Pla	ce of Business	2a. Mailing Addre	 9\$\$		4. FEI Number	01/24/	Applied For
21			26	26		50 0034000		Not Applicable
22	Suite, Apt. #	#. etc. Suite, Apt #, etc.		etc.		5. Certificate of Status Desired	1 1 '	.75 Additional
. 4 .	City & State			City & State		6. Election Campaign Financing		5.00
23			28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		dded to Fees
	Zip	Country Country		Zip Country		8. This corporation has liability for		
24		25	29	30			s 🔲 No	
		9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New I	Registered Agent	ļ.
	HODOLO	DAVAD		81	Name			
	HOPPER			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
5640 SW 6TH PLACE, STE 600 OCALA FL 34474				83		<del></del>		
	OUNLA I	L 044/4						
				84	City		FL 85	Zip Code
	Tarmilar with BNATURE _	d agent, or both, in the State of FI in and accept the obligations of, So light the type or protections of registered a	ection 607.0505, Florida 8	authorized by the corp statutes.  (NOTE Registered Age		ration submits this statement for the purif of directors. I hereby accept the applications of the reinstatings	DATE	ered agent. I am
12.	· · · · · · · · · · · · · · · · · · ·		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIREC	CTORS IN 12
THE		PD DELETE		TE 1. 1 HTLE			☐ Char	nge 🔲 Addition
NAA		HOPPER, DAVID	•	1.2 NAME	,			
	EFT ADDRESS	5640 SW 6TH PL, STE 600 OCALA FL	J	1.3 STREET				
ții Titi	(-SI-ZIF)	OUALA FL	DELE	1.4 CITY - S TE 2 1 TITLE	T-ZIP		☐ Char	nge
NAN				2.2 NAME			[] Griai	ige [] Abdition
	EFT ADDRESS			2.3 STREET	ADDRESS			
	( \$1 - 71P			24 CITY - S				
1111			DELE				☐ Char	nge 🔲 Addition
NAN	AF .			3.2 NAME				
SIF	EFT ADDRESS			33 STREE	ADDRESS			
	r+\$1+7#		· · · · · · · · · · · · · · · · · · ·	34 CiTY - 5	T-ZIP			
Itl.			DELE				Char	nge 🔲 Addition
NAM	!			4 2 NAME				
	SET ADDRESS			4 3 STREET				
COLY TOTA	(-\$1-20-		[ ] DELE	44 CITY - S TE 5 1 TITLE	T-ZIP		Char	nge 🔲 Addition
NAN				5 2 NAME			☐ cuar	ige Modition
	EET ADDRESS			53 STREET	ADDRESS			
	(+ S1 - ZIP			5.4 City - 5				
Ψī.			DELF				☐ Char	nge 🔲 Addition
NAN	Ał			62 NAME				<del></del>
SIB	ELL ADOMESS			63 STRFFT	ADDRESS			
	(+51-ZIP			64 CHY-S				
14.	certify that footh; that f	the information indicated on this ar	nnual report or supplemer rporation or the receiver o	ntal annual report is tru r trustee empowered	ie and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	same legal effect :	as if made under

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIG

DAVID HOPPER, PRESIDENT

DENT 2/12/96

352\_854\_0391

CR2E034 (12/9