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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 643482

ACCURATE COMPUTER, INC.

Principal Plac	e of Business	Mailing Address						#(#I) # # (##
•		-	.00			-		
5640 SOUTHWEST 6TH PLACE SUITE 600		5640 SOUTHWEST 6TH PLACE SUITE 600						
OCALA FL 34474		OCALA FL 34474		DO NOT	WRITE IN THIS	SPACE		
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
03		00				allieu / ·		
					10/30/1979			
Principal P	Place of Business	2a. Mailing Address			4. FEI Number	٠.	 	oplied For
21		26			59-2071223	<u> </u>	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- Carlifanta of Status Deci	red ∷	\$8.75	Additional
22		27			5. Certifcate of Status Desi	ied 🗀	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Finar	ncina	\$5.00	May Be
— ·		28			Trust Fund Contribution			to Fees
23 Zip	Country	Zip	Count	nv				
—		— · · · ·		',	8. This corporation owes th	e current year int	angibie □ Yes	□No
24	25	<u> </u>	30		Personal Property Tax.	D		□140
	g. Name and Address of Current	t Registered Agent		41 54	10. Name and Address of	New Registered	Agent	
	SOFT DAVID		8	1 Name				
SON HOP	PPER, DAVID	•	Ω	2 Street Add	dress (P.O. Box Number is Not A	cceptable)		
2007-564(0 SW 6TH PLACE, STE 600		"		uicoo (F.O. DOX Natifice io Not A		LANGUAGE SIPE	Server and respect
OC/	ALA FL 34474		8	3			All Gran Clan	TEN NOW EN
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FORE DESIRED	ton the same	process of the property of the same				FL	<u>. 1 </u>	•
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607,1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for	or the purpose of	changing its	registered
Office of I	registered agent, or both, in the State c am familiar with, and accept the obligati	ions of Section 607.0505. Flori	ida Statute	es.	don's board of directors. Thereby	accept the appoi	minerit as re	gistered
- 13					•			
SIGNATURE	Signature, typed or printed name of registered agent	•	Registered Ag	ent signature requir	red when reinstating) (130 15	DATE	•	
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: f		ent signature requir	red when reinstating) (15.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		ID DIRECTO	DRS IN 12
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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.

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90027 045 ***150.00