FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 675188 (7)

1. Corporation Name
ACCOUNTANTS COMPUTER CONSULTANTS OF AMERICA INC

Principal Place of Business	Mailing Address
FARM CENTER BLDG BOX 2809 ROBERTS AVENUE & 1ST STREET IMMOKALEE FL 33934 US	FARM CENTER BLVD BOX 2809 ROBERTS AVENUE & 1ST STREET IMMOKALEE FL 33934 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2295 GULF OF MEXICO DRIVE	26 8 TAILOR LANE
Suite, Apt. #, etc. 22 NEUFELD APT P4	Suite, Apt. #, etc. 27 TREBITT
City & State 23 LONG BOAT KEY FL	City & State 28 LEVITTOWN NY
Zip / Country 24 34228 / 25 US	Zip / Country 29 11756 / 30 US

4. FEI Number: 11-2534437 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRADIN, GEOFF
FARM CENTER BLDG.
ROBERTS AVENUE & 1ST STREET
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent

81 Name: ARTHUR NEUFELD
82 Street Address (P.O. Box Number is Not Acceptable): 2295 GULF OF MEXICO DR
83: APT P4
84 City: LONG BOAT KEY FL 85 Zip Code: 34228

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: S ARTHUR NEUFELD 7/31/95
(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	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERG, DAVID M	1.2 NAME	
STREET ADDRESS	8 TAILOR LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEVITTOWN NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERG, DAVID M.	2.2 NAME	
STREET ADDRESS	8 TAILOR LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEVITTOWN NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: DAVID WEINBERG 7/31/95 516-796 3549
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0451471 FP