FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

K

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 675188

1. Corporation Name
ACCOUNTANTS COMPUTER CONSULTANTS OF AMERICA INC

Principal Place of Business
C/O KATZ APT 811
19101 MYSTIC POINTE DR.
BLDG 200
AVENTURA FL 33180

Mailing Address
10 BUNNY LANE
TREBIT 2
AMITYVILLE NY
11701-3909

2. Principal Place of Business
21 19101 MYSTIC POINTE DR
Suite, Apt. #, etc.
22 BLDG 200 - APT 811
City & State
23 AVENTURA FL.
Zip 24 33180 Country 25 BRWARD

2a. Mailing Address
26 10 BUNNY LANE
Suite, Apt. #, etc.
27 TREBIT 2 10 BUNNY LANE
City & State
28 AMITYVILLE NY
Zip 29 11701 Country 30 US

3. Date Incorporated or Qualified: 06/6/1980
3a. Date of Last Report: 5/11/95
4. FEI Number: 11 Y534437 — 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
GEOFF FRADIN
FARM CENTER BUILDING
ROBERTS AVE & 1ST ST
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent
81 Name: HERBERT KATZ
82 Street Address (P.O. Box Number is Not Acceptable): 19101 MYSTIC POINTE DR.
83 BLDG 200 - APT 811
84 City: AVENTURA FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: HERBERT KATZ — DATE: 6/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES, SECY, DIRECTOR ☒ DELETE	1.1 TITLE	PRES. SECY. DIRECTOR ☒ Change ☐ Addition
NAME	NEINBERG DAVID M	1.2 NAME	DAVID M NEINBERG
STREET ADDRESS		1.3 STREET ADDRESS	TREBIT 2 10 BUNNY LANE
CITY-ST-ZIP	LEVITTOWN NY 11756	1.4 CITY-ST-ZIP	C/O AMITYVILLE NY 11701 3909
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800001882658
STREET ADDRESS		5.3 STREET ADDRESS	-07/03/96--01018--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

05-01-96 OR

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 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 M NEINBERG 6/10/96 PRES 7H 4640005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #