


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706626** (9)
1. Corporation Name

**FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSION
ALS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 13089
TALAHASSEE FL 32317

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TALAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1963** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-0863542 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHINEHART, ROBERT S. JR.
644 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

81 Name R J Huisinga	85 Zip Code 32220
82 Street Address (P.O. Box Number is Not Acceptable) 541 Permento Ave	
83 City Jacksonville FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA BELL	1.2 NAME	
STREET ADDRESS	230 W. HIGHLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HUISINGA	2.2 NAME	
STREET ADDRESS	2955 HARTLEY RD #108	2.3 STREET ADDRESS	541 Permento Ave
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32220
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, ARNO	3.2 NAME	
STREET ADDRESS	115 HICKORY ST #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CENCEBAUGH, SANDRA	4.2 NAME	Gene Cole
STREET ADDRESS	960 ARTHUR GODFREY RD #401	4.3 STREET ADDRESS	9340 N 56th St #220
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, RALPH	5.2 NAME	
STREET ADDRESS	8202 N. ARMENIA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	5.4 CITY-ST-ZIP	
TITLE	Rol <input type="checkbox"/> DELETE	6.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ruth Book
STREET ADDRESS		6.3 STREET ADDRESS	4444 Hwy 98N #892
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakeland, FL 33809

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE


SIGNATURE REQUIRED

8/19/97

08/22/97

CR2E037 (4/97)