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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90183 028 ***150.00

DOCUMENT # F43755

ACCOUNTING ASSOCIATES OF FORT WALTON, INC.

] [[
Principal Place of Business Mailing Address										ļ '"						
P.O.BOX 696 P.O.BOX 696																
201 HOLLYWOOD BLVD NE					201 HOLLYWOOD BLVD NE											
FT. WALTON BEACH FL 32548				FT.	FT. WALTON BEACH FL 3:2549					DO NOT WRITE IN THIS SPACE						
US										3. Date In	corporated or Qu	ualifed				
										09/08	/1981					
2. Principal Pl	ace of Busin	ess	-	2a.	Mailing Address					4. FEI Nu	inber				Appl	ed For
21				26	26					59-21	08010				Not	1pplicable
Suite, Act. #, etc.				- +1	Suite, Apt. #, etc.					\$8.75 Additiona					ditional	
	, 0.0.			27	- , ,					5. Certifica	te of Status Des	ired 📮		Fe	e Req	ired
City & State				_ [2]	City & State					6 Election	Campaign Fina	ncina		\$5	00 M	ay Be
				20							and Contribution	"ICII'N			ded to	
Zip Country				- 28	Zip Country				———	8. This co-poration owes the current year Intangible						
	' ' '			Ь.	¬ ¯'									Yes	ſ]No
24		25		29		30	1		———		and Address of	New Perio	torad			
	9. Name	and Add	ress of Curren	t Regis	tered Agent		81	Name		iv. Name a	illu Audress Oi	Hew Kegis	stere.1	<u>Agent</u>	•	
1167	IED EDAN	ore e					01	Name	e							
LUTHER, FRANCES S.								Stree	t Addres	ss (P.O. Box	Number is Not A	Acceptable)				
201 HOLLYWOOD BLVD NE																
FT. V	NALTON B	each fi	_ 32548				83									
							<u></u>							105	Zip Co	
							84	City					FL	85	zip Ct	ue
11 Duament	ta tha arcuio	inne of Se	tions 607 050	2 and 6	07.1508, Florida Statu	es the s	hove	2-name	d corpor	ration submit	s this statement	for the pure	ose of	changin	q its re	gistered
office our	egistered ag	ent, or bo	t i. in the State	of Florid	ia. Such change was a	uthonze	d by	tne cor	pora:ion	's board of d	rectors. I hereb	accept the	app si	ntment a	is regi	itered
agent. I a	m familiar wi	th, and ac	cept the obligat	tions of,	, Section 607.0505, Flo	rida Stat	utes									
SIGNATURIE						· 							ATE -			
	Signature, typed	or printed na	unie of registered agen					t signature	ber uper e	when reinstating)	NS/CHANGES			VO DIRE	CTOR	S IN 12
12.			OFFICERS AN	D DIRE	DELETE	13.				ADDITIO	N3/CHANGES	10 011100		XXXX		Addition
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CITY-ST-ZIP 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 contributes 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 attach nent with an address, with a Tother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: