SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

96 SEP 16 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006378 (3)**

1. Corporation Name
ACCESS PLUS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5300 N. FEDERAL HWY ~~SUITE 100~~ FT LAUDERDALE FL 33308	5300 N. FEDERAL HWY ~~SUITE 100~~ FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: 10/12/1995
4. FEI Number: 65-0510564 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc: 104	27 Suite, Apt. #, etc: 104
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country: BROWARD

9. Name and Address of Current Registered Agent
RIFKIN, HAROLD S
4801 NE 5TH AVE
BOCA RATON FL 33431-5113

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ (Signature required for previously qualified corporations and when appropriate) (NOTE: Registered Agent's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CP	
NAME	DENNIS-LEIGH, ROBERT P	
STREET ADDRESS	1772 SW 43RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VCV	☐
NAME	WINTON, HAROLD M	
STREET ADDRESS	7950 NW 4TH PLACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	CFOV	☐
NAME	~~RIFKIN, HAROLD S~~	
STREET ADDRESS	~~4801 NE 5TH AVE~~	
CITY-ST-ZIP	~~BOCA RATON FL 33431-5113~~	
TITLE	SD	☐
NAME	~~RIFKIN, HAROLD S~~	
STREET ADDRESS	~~4801 NE 5TH AVE~~	
CITY-ST-ZIP	~~BOCA RATON FL 33431-5113~~	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
11 TITLE		☐ / ☐
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ / ☐
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	000001956850 -09/24/96--01184--017 ****233.75 ****233.75	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		☐ / ☐
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ / ☐
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ / ☐
61 TITLE	A. Diaz 9-16-96	☐ / ☐
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 if changed or added on an attachment with an address.

SIGNATURE: Robert P Dennis-Leigh 8/27/96 9547263[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075607 CP