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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9600002019 (5)

ACCOUNTANT AT YOUR DOOR, INC.

Principal Place of Business Mailing Address						ADVII 00110 31011 40105 574 14 53 13 1801
8836 40TH ST. DES 1/10INES IA 50310-3617		3838 40TH ST. DES MOINES IA 50310-3617				
				·	3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			42-1325396	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Country	/	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	F	30			Yes X No
	9. Name and Address of Curren	t Registered Agent	81	,	10. Name and Address of New Reg	istered Agent
BRIGGS, JOHN C				Name		
	501 TROST BLVD., #8-48		82	Street Ad	ldress (P.O. Box Number is Not Acceptabl	e)
BO	INITA SPRINGS FL 33923		83			
			Ĺ			
			84	City		FL 85 Zip Code
11. Pursuan office or agent. I	nt to the provisions of Sections 607.050 r registered agent, or both, in the State I am familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was at ations of, Section 607.0505, Flor	s, the above uthorized by rida Statute	e-named co y the corpor s.	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE			·			
12.	Signature, typed or printed name of registered age OFFICERS AN		Hegistered Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	CPT	DELETE	1.1 THILE	T	71001101010171110001701701	Change Addition
NAME	GARDNER, LEON L		1.2 NAME	[
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50310-3617	DELETE	1.4 CITY - S	ST-ZIP		
TITLE	DVS Gardner, Mark R	☐ DELETE	2.1 TITLE 2.2 NAME	}		Change Addition
STREET ADDRESS	AAAA JATILAT		2.2 IVANE 2.3 STREET	ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50310-3617		2 4 CiTY-	ſ		
TITLE		DELETE	3 1 THLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	s		3.3 STREET	i i		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-1	ST-ZIP		Change Addition
NAME	}	_ Mille	4.1 THE	1		Li Ontango Li Rounton
STREET ADDRESS	s		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	İ		
STREET ADDRESS	S		5.3 STREET	ſ		
TITLE	<u> </u>	DELETE	5.4 CITY - S 6.1 TITLE	1-21P		Change Addition
NAME			6.2 NAME	1		was considered from the control
STREET ADDRESS	3		6.3 STREET	ADDRESS		
CITY+ST-ZIP			64 CITY-S	T-21P		
Informat I am an	lion indicated on this annual report or s	upplemental annual report is tru the receiver or trustee empowe	ue and accu ared to exec	rrate and th	ed in Section 119.07(3)(i), Florida Statutes lat my signature shall have the same legal lort as required by Chapter 607, Florida St	effect as if made under oath; that
		0				