

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G36163** (5)
1. Corporation Name
ALOMA ACCOUNTING AGENCY, INC.



Principal Place of Business 1850 LEE RD. SUITE 213A WINTER PARK FL 32789	Mailing Address 1850 LEE RD. SUITE 213A WINTER PARK FL 32789-1859
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/27/1983	3a. Date of Last Report 05/01/1996
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	4. FEI Number 59-2281693	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NELSON, DONALD R. 5424 MYRICA RD. ORLANDO FL 32810		10. Name and Address of New Registered Agent	
81. Name NELSON, BARBARA B.	82. Street Address (P.O. Box Number is Not Acceptable) 5424 MYRICA RD	83.	84. City ORLANDO
		85. Zip Code FL 32810	

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: *Barbara B. Nelson* **BARBARA B. NELSON** 4-28-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VTD	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, BARBARA B.		1.2 NAME	
STREET ADDRESS 5424 MYRICA RD		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME NELSON, DONALD R		2.2 NAME	
STREET ADDRESS 5424 MYRICA RD		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 00000		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara B. Nelson* **BARBARA B. NELSON** 4/28/97 407-740-5556
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)