

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90003 050 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G44105**
 Corporation Name
VELKOVITZ ACCOUNTING AND TAX SERVICE, INC.



Principal Place of Business Mailing Address
 DOROTHY VELKOVITZ % DOROTHY VELKOVITZ
 1 FLAGLER AVENUE 2011 FLAGLER AVENUE
 WEST FL 33040 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------|---------|---------------------|---------|--|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| DOROTHY VELKOVITZ | | % DOROTHY VELKOVITZ | | 06/17/1983 | |
| 1 FLAGLER AVENUE | | 2011 FLAGLER AVENUE | | 4. FEI Number | |
| WEST FL 33040 | | KEY WEST FL 33040 | | 59-2306291 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For | |
| | | | | Not Applicable | |
| City & State | | City & State | | 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 Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | | 29 | 30 | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| VELKOVITZ, DOROTHY 2011 FLAGLER AVENUE KEY WEST FL 33040 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

I, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| LE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | VELKOVITZ, DOROTHY | 1.2 NAME | |
| REET ADDRESS | 2011 FLAGLER AVENUE | 1.3 STREET ADDRESS | |
| TY-ST-ZIP | KEY WEST, FL 00000 | 1.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 2.2 NAME | |
| REET ADDRESS | | 2.3 STREET ADDRESS | |
| TY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 3.2 NAME | |
| REET ADDRESS | | 3.3 STREET ADDRESS | |
| TY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 4.2 NAME | |
| REET ADDRESS | | 4.3 STREET ADDRESS | |
| TY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 5.2 NAME | |
| REET ADDRESS | | 5.3 STREET ADDRESS | |
| TY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 6.2 NAME | |
| REET ADDRESS | | 6.3 STREET ADDRESS | |
| TY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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: _____ DATE: _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)