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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G48304

(1)

ACCOUNT-ABILITIES, INC.

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(188) ((ABC) A(AC) 18194 (11)

FILED
May 13 1997 8:00am
Secretary of State

1675 STARKEY RD LARGO FL 33771-5453 3. Date Incorporated or Qualified O7/12/1983 2. Principal Place of Business 28. Mailing Addross 29. Mailing Addross 20. Mailing Addross 20. Mailing Addross 21. FEI Number Applied For Applied For Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Certificate of Status Desired Fee Required Fee Required Fee Required For Status Desired Fee Required									
3. Date Incorporated or Qualified O7/12/1983 O2/08/1996 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For Not Applied For Suite, Apt. #, etc. 59-2308890 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing Fee Required Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 26 Status 27 Status 28 Status 29 Status 29 Status 29 Status 29 Status 20 Stat	ļ '	ess	Mailing Address						
2. Principal Place of Business									
25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country B1 Name Registered Agent Name Ri Name									
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Added to Fees Zip Country Zip Country Added to Fees Zip Country B1 Name Address of New Registered Agent Name	2. Principal Place of Bur	siness	2a, Mailing Addres	SS					Applied For
5. Certificate of Status Desired Fee Required Fee Require	21		26				59-2308890		Not Applicable
Trust Fund Contribution Added to Fees Zip Country Zip Country 25 29 30 Florida Statutes Yos No 9, Name and Address of Current Registered Agent GILES, NANCY 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yos No 10. Name and Address of New Registered Agent 81 Name	22		⊢	⊢		5. Certificate of Status Desired		+ +	
24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent GILES, NANCY 988 AME SCALING F. DD	City & State City & State								
9. Name and Address of Current Registered Agent GILES, NANCY OPER LAKE SEMINOLE DR		Country	Zip	C ₀	untry	,			
GILES, NANCY PROBLEM AND STANDURE DR	24			30			1		
ORES LAVE SEMIMOLE DD	<u> </u>								
9888 LAKE SEMINOLE DR	GILES, NANC'	Y			81	Name			
1941 OUCC AUDIESS 10 O. DOX INDIDED IS NOT AUCCURADIE.	9888 LAKE SEMINOLE DR LARGO FL 34843		82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
LAHGU FL 34843			100				······································		
83					83				
84 City FL 85 Zip Code					84	Crty		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.	office or registered a	agent, or both, in the St	itate of Florida. Such chang	e was authorize	ed by	the corporation	oration submits this statement for the p on's board of directors. I heroby accep	ourpose of of the app	changing its registered ointment as registered
SIGNATURE									
Signature, typed or printed name of registered agent and title if injuricable (NOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DI						ent signature roquirec			DIDECTORS IN 46

			FL				
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							
		IE: Registered Agent signature requ					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				
TITLE	PD DELETE	1 t TITLE	Change	Addition			
NAME	GILES, NANCY	1.2 NAME					
STREET ADDRESS	9888 LAKE SEMINOLE DR	1.3 STREET ADDRESS		Į			
CITY-ST-ZIP	SEMINOLE FL	14 CHY+ST-7IP		i			
TITLE	SD DELETE	2.1 TITLE	☐ Change	☐ Addition			
NAME	BELL, PATRICIA	2.2 NAME					
STREET ADDRESS	9823 83RD WAY NORTH	2.3 STHEFT ADDRESS		{			
CITY-ST-ZIP	SEMINOLE FL	2. 4 CITY - ST - ZIP					
TITLE	☐ DELETE	3.1 TELLE	Change	☐ Addition			
NAME		3 2 NAME		i			
STREET ADDRESS		3.3 STREET ADDRESS		i			
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TITLE	☐ DÜLETE	5.1 TITLE	Change	Addition			
NAME		5.2 NAME		Ì			
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY - ST - ZIP					
TITLE	☐ DELETE	6.110 LE	Change	☐ Addition			
NAME		6 2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS		Į			
CITY OT TID		6 1 Olty 61 319		i			

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.