

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **G77011** (6)

1. Corporation Name

MMW ACCOUNTING SERVICES, INC.

Principal Place of Business

**% MARY ANN WILSON
7603 PALOMAR STREET
FT. PIERCE FL 34951**

Mailing Address

**% MARY ANN WILSON
7603 PALOMAR STREET
FT. PIERCE FL 34951**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**WILSON, MARY ANN
7603 PALOMAR STREET
FT. PIERCE FL 34951**

3. Date Incorporated or Qualified
01/01/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2449376

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

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 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent required when changing

DATE

7 FEB 1995

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
12 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
13 TITLE ☐ DELETE
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CITY-ST-ZIP
14 TITLE ☐ DELETE
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15 TITLE ☐ DELETE
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16 TITLE ☐ DELETE
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38 TITLE ☐ DELETE
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CITY-ST-ZIP
39 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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)(g), 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, on an attachment with an address.

7 FEB 1995

407-466-0917

File

Daytime Phone #

CR2E034 (12/95)