## 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

DOCUMENT #

1. Corporation Name

H14814

(8)

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AMERICAN	<b>ACCOUNTING</b>	AND TAX	COMPANY.	INC.

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Principal Place of	Business	Mailing Address		i indimit bibl dibit dibut yalat ila	er Arår 4:011 Arårr Brårr Brørr arørr arårr arårr	
3463 N.W. 13TH ST. Gainesville Fl. 32609		3463 N.W. 13TH ST Gainesville FL 32				
				3. Date Incorporated or Qualified 08/01/1984	3a. Date of Last Report 05/01/1995	
2. Principal Place	e of Business	2a. Maiking Address		4. FEI Number 59-2431844	Applied For Not Applicable	
1		Suite, Apt. #, etc			\$8.75 Additional	
Suite, Apt. #,	etc.	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to rees	
Ζiρ	Country	Zip	Country	8. This corporation has liability for Florida Statutes X Yes	Intangible tax under s 199.032,	
<u> </u>	9 Name and Address of Curro	29 29 Agent	30	10. Name and Address of New F		
	g. Name and Address of Com-	ent neglatered Agent	81 Name			
10UNIO	NA 11 11 15 A		82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
	on, julie a. W. 13th st.		62 Street Ad	aress (r.o. box no mor la vist receptan		
	W. 13171 31. VILLE FL 32609		83			
GRINES	AIETE I E GEOOG		84 City		85 Zip Code	
				noration submits this statement for the pu	FL   1	
TITLE NAME	PV- JOHNSON, JULIE A.	ND DIRECTORS DELETE	1.2 NAME	DECE PRESENT	TICERS AND DIRECTORS IN 12  Change  Addition	
STREET ADDRESS	3463 N.W. 13TH STREET		13 STREET ADDRESS			
City-St-ZiP	GAINESVILLE FL 32609		14 C-TY - ST - Z-P	1225	Change 🙀 Addition	
INTLE		DELETE	2 1 TITLE 22 NAME	SARGNA 131" Z Jain C. ZWILH YESDEN	Griginge pag ridonius	
NAME			2.3 STREET ADDRESS	3463 NW 1344 S	のとうし、	
STREET ADDRESS			2 4 CHY-ST-ZIP	GATHESUTILE, FL	32609	
CITY - ST - ZIF TITLE		DELETE	3 1 HTEE		Change Aodition	
NAME		<del>-</del>	3.2 NAME			
STREET ADDRESS			3.3 STHEET ADDRESS			
CITY - ST - ZIP			3 4 CiTY - ST - ZiP		Change Addition	
TITLE		[]] DELETE	4 1 11fLF		Change Addition	
NAME			4.2 NAMÉ			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP	44.90	☐ DELETE	4.4 CITY - ST - ZIP 5.1 THTLE		Change Addition	
TITLE		[] Miller	5.2 NAME		<del></del>	
NAME expect annocse			5.3 STREET ADORESS			
STREET ADDRESS			5.4 CHY - S1 - ZIP			
CITY - ST - ZIP TITLE		DELETE	6 1 Till F		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
0.T., 0T 7.D			6.4 C(1Y - S1 - 7)P		0.070/// 50//4- 0: 54- 14 //-	
14. I do hereby certify that		innual report or supplemental a invariation or the receiver or tru	jurnished and does not qual- conual report is true and acc stee empowered to execute	ify for the exemption stated in Section 11 curate and that my signature shall have the this report as required by Chapter 607,		

SIGNATURE:

PED OR FRINTSON ME OF SIGNING OFFICER OR DIRECTOR A. JOHNSON 4/30/96 (350) 378-5033