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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H31964

(0)

**FILED** Feb 27 1998 8:00am Secretary of State

ACCOU	INTING SERVICES, INC.					
Principal Place	e of Business	Mailing Address	·		- I INDITALL DISAD ILIAN LIBAYA YERIN BITILI DISAL SHERI	BIBLI BIBLI BIBLI BIBLI BIBLI IDBI
835 MAIN ST.		935 MAIN ST.				
SUITE D-1 SUITE D-1			DO NOT WRITE IN THIS SPACE		HIC CDACE	
SAFETY HARBOR FL 34695 SAFETY		SAFETY HARBOR	ETY HARBOR FL 34695		3. Date Incorporated or Qualified	TIS SPACE
					11/29/1984	
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number	Applied For
21		26	}		59-2465691	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Grates Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
Zip 24	25	29	30	u <b>y</b>	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
24	9. Name and Address of Cui		1301		10. Name and Address of New Register	
HEI	RSCH, JOEL W.		8	1 Name		
	2 STONY BROOK LANE		}-	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 3400+ 3376/		2/-/	`	SII BBI AUG	ress (F.O. DOX Number is NOt Acceptable)	
		, w	Ē	3		
ļ			\ •	4 City		85 Zip Code
					•	"L     _
11. Pursuant	to the provisions of Sections 607,	.0502 and 607.1508, Florid	a Statutes, the abo	ve-named corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered
agent la	m familiar with, and accept the of	bligations of, Section 607.0	505, Florida Statu	es.	more board of disposard. Thereby accopiting	appointment as regioned
SIGNATURE	<del></del>					
12.	Signature, typod or profes name of registered	at agont and title it applicable AND DIRECTORS	(NOTE Registered /	lgent signature requi	ired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DEL			ADDITIONS/OFFANGES TO OFFICENS	Change Addition
NAME	HERSCH, JOEL W EA	_	1.2 NAM			
STREET ADDRESS 2542 STONY BROOK LANE		F		ET AODRESS		
CITY-ST-ZIP	CLEARWATER FL	_	1	-ST-ZIP		
TITLE	VST	☐ DEI				☐ Change ☐ Addition
NAME	HERSCH, PHYLLIS K		2.2 NAM	E		
STREET ADDRESS	2542 STONY BROOK LAN	E	2.3 STRE	ET ADORESS		
CITY-ST-ZIP	CLEARWATER FL			r-ST-ZIP		
TITLE		☐ DEI				Change Addition
NAME			3.2 NAM	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				ET ADDRESS		*
CITY-ST-ZIP		DE		r-ST-ZIP		Change Addition
TITLE		<b>□</b> DEI				Change Addition
NAME			4. 2 NAM	-		1
STREET ADDRESS			L.	ET ADDRESS	,	į
CITY-ST-ZIP TITLE		DEI		-ST-ZiP		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		ļ
TITLE	7 18 14 · · · · · · · · · · · · · · · · · ·	☐ DEL				Change Addition
NAME		<del></del>	6.2 NAM			-
STREET ADDRESS				ET ADDRESS		·
CITY-ST-ZIP				-ST-ZIP		

14. Thereby 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: