

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H80199**
1. Corporation Name
NATIONAL TAX ACCOUNTING, INC.

(3)



Principal Place of Business 3118 GULF TO BAY BLVD. STE. 333 CLEARWATER FL 34619 US	Mailing Address 7118 GULF TO BAY BLVD. STE. 333 CLEARWATER FL 34619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 33759		25. Mailing Address 26 3118 GULF TO BAY BLVD 27 Suite, Apt #, etc. 28 City & State 29 Zip 30 33759		3. Date Incorporated or Qualified 10/04/1985	
		4. FEI Number 59-2589462		Applied For <input type="checkbox"/> Not Applicable	
		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	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent QUELLO, RICHARD B 2 OFFICE PARK DRIVE, SUITE A-7 PALM COAST FL 32137		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUELLO, RICHARD B	12 NAME	
STREET ADDRESS	25 COCHISE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	14 CITY-ST-ZIP	32137
TITLE	S	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, RAY D.	22 NAME	
STREET ADDRESS	320 BAYSHORE BLVD. NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33759	24 CITY-ST-ZIP	33759
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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:  **Ray D. Fry 4/27/98**

CR2E034 (10/97)