Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90033 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H89177**

Corporation Name

ASSOCIATES ACCOUNTING & TAX SERVICES, INC.

AUUUUII 		(02/17/020) 11/0					
Principal Place of Business Mailing Address						IAIL BIBLE BIBLE BLUCK BI	NI OTHE INDI
1881 NE 26TH STREET P.O. BOX 590910 WILTON MANORS FL 33305 FT. LAUDERDALE FL 33359-09					OO NOT WRITE IN T	LUC ODAGE	
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 12/11/1985		
Principal Place of Business 2a. Mailing Address					4. FEI Number		lied For
21					59-2612101		Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		7 m		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip			Count	ry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	9. Name and Address of Curre		1		10. Name and Address of New Registe		
	9. Name and Address of Curre	III Nagisterau Agent	8	1 Name	o. Hambana indirection of the second	<u> </u>	
CORSO, CATHERINE					(D.O. Davidi water in Mat Assentable)	<u> </u>	
4550 N.W. 59 COURT				2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33319				83			
				4 City		FL 85 Zip C	ode
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505, Florid	tnorized b da Statute	iv the cordoratio	oration submits this statement for the purpos n's board of directors. I hereby accept the a	рролипенсая гед	registered jistered
			13.	gent signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	DPV DELETE		1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO CITICEN	Change	Addition
NAME			1.2 NAM				
STREET ADDRESS	AACO ANN COTH COURT			ET ADDRESS	•		\
CITY-ST-ZIP	ET LAUDEDDALE EL			·ST-ZIP			1 3
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAMI	E	·		
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	4 F.		- 2.4 CITY	'-ST-ZIP	a war and a subsection of the	*	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS	}		3.3 STRE	EET ADDRESS			1
CITY-ST-ZiP			3.4. CITY	'-ST-ZIP			
TITLE .		☐ DELETE	4.1 TITLE	:		☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				Addition
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME	l .		5.2 NAM	⊨			I

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

1/25/99 1-954-568-4443

Change

Addition