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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # H

H98547

(3)

| NEW VENTURE ACCOUNTING, INC. Principal Place of Business Maing Address | | | | | | | | | | |
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| 2306 LATRIUM CIR N P O BOX 1174 PONTE VEDRA FL 32082 PONTE VEDRA FL 3 US US | | | | | 12004 | | | | | |
| 00 | | | US | | | | 3. Date Incorporated or Qualified | 3a. Date | | • |
| | | | | | | | 02/06/1986 | 01 | /18/19 | <u>95</u> |
| Principal Pla | ace of Busin | ess | 2a, Mailing A | ddress | | | 4. FEI Number | | | Applied For |
| Suite, Apl. # | #. e.c. | | 26 Suite. Ap | t # etc | | | 59-2639768 | | | Not Applicabl |
| | | | 27 | , 0.0. | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State |) | | City & Sta | ate | | | 6. Election Campaign Financing | | | O May Be |
| | | · | 28 | | | | Trust Fund Contribution | | | d to Fees |
| Zip | | Country | Zip | | Country | У | 8. This corporation has liability for | | under s | 199.032, |
| | o Namo | 25 and Address of Currer | 29 | | 30 | | | s 🔲 No | <u>.</u> | |
| | g, ivallie | and Address of Currer | it negistered Age | ent . | 81 | Name | 10. Name and Address of New I | Hegistered A | gent | |
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| MATTHEWS, MICHAEL A 2306 LATRIUM CIR N PONTE VEDRA FL 32004 | | | | | | Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | | | |
| TOME | TEOINT I | . 02004 | | | | | | | | |
| | | | | | 84 | City | | FL | 85 Zi | o Code |
| or registere | eu agent, ur | DOLD, IT THE STATE OF FIOR | da. Such change w | as authorize | s, the above ed by the corp | named corpo oration's boa | oration submits this statement for the pu ard of directors. I hereby accept the app | rpose of char pointment as r | nging its r egistered | agent. I am |
| familiar with | h, and acce | or protest name of registers a aper | oa. Such change willion 607.0505, Flori Land title if applicable | as authorize da Statutes | ed by the corp E. Registered Age | poration's boa | ard of directors. I hereby accept the app | DATE | egistered | agent. I am |
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SIGNATURE:

GNATURE AND TYPEDOR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

J. 26-96 904285252/