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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H98547** 

(3)

NEW VENTURE ACCOUNTING, INC.

Principal Place of Business Maining Address 2306 LATRIUM CIR N P O BOX 1174 PONTE VEDRA FL 32082 PONTE VEDRA FL 32004-1174 3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1986 02/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 107 GLENCOVE PLACE Suite, Apri #, etc. 59-2639768 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 YONTE VEDRA 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 32082 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MATTHEWS, MICHAEL A 2306 LATRIUM CIR N 82 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA FL 32004 107 GLEN CONE PLACE 83 PONTE VEDA H 84 Zip Code **3208**2 11. Fursuant 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signation, typical or printed name of registered agent and tale if applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE mu 1.1 TITLE NASIE MATTHEWS, MICHAEL A 12 NAME 107 GLEN COVE PLACE 2306 L'ATRIUM CIRCLE N SIREE! ALIDRESS 1.3 STREET ADDRESS PONTE VEDRA BEACH FL 1.4 CITY - ST - ZIP 0.07 - \$1 - 70 Addition □ DELETE Change TITLE D۷ 21 TITLE HANSON, JOYCE JOYCE H. MATTHEWS NAME 22 NAME 107 GLEN COVE PLACE STREE ACCORESS 2.3 STREET ADDRESS PONTE VEDRA FL 32082 2 4 CITY-ST-ZIP Offr - \$1 - 200 11"[ [ DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SEZIP 3 4. CITY-\$1-ZiP DELETE 101.6 Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-\$1-7iP 4.4 CITY-ST-ZIP

14. I do nereby certily 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 changest, or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

6.4 City - St - ZiP

5.4 CITY-ST-ZIP

SIGNATURE

THEE

NAME:

TINE MASS

STREET ADDRESS

SPREET ADDRESS

CHY-\$1-202

017-81-20

OF STONING OFFICER OR DIRECTOR

DELETE

DELETE

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904 249 5005 Dayting Proper

☐ Change

Change

Addition

Addition

**FILED** 

Mar 03 1997 8:00am

Secretary of State

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