

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J32942 (1) RECEIVED MAY 13 11

1. Corporation Name
COMMUNITY ACCOUNTING & MANAGEMENT, INC.

Principal Place of Business <i>934 SEMINOLE TARPON SPRINGS FL 34689 US</i>	Mailing Address <i>934 SEMINOLE TARPON SPRINGS FL 34689 US</i>
---	---

2. Principal Place of Business 21 <i>40347 US 19 N</i> State, Apt. #, etc. 22 <i>SUITE # 129</i> City & State 23 <i>TARPON SPRINGS FL</i> Zip 24 <i>34689</i>	2a. Mailing Address 26 <i>40347 US 19 N</i> Suite, Apt. #, etc. 27 <i>SUITE # 129</i> City & State 28 <i>TARPON SPRINGS FL</i> Zip 29 <i>34689-4841</i>	3. Date Incorporated or Qualified <i>09/11/1986</i>	3a. Date of Last Report <i>04/12/1996</i>	4. FEI Number <i>59-2713490</i>	Applied For 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		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <i>SPOONSTER, JANET K. 934 SEMINOLE BLVD TARPON SPRINGS FL 34689</i>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <i>40347 US 19 N STE 129</i> 83 84 City <i>TARPON SPRINGS</i> FL 85 Zip Code <i>34689-4841</i>
---	--

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

*PD SPOONSTER, JANET K.
934 SEMINOLE BLVD
TARPON SPRINGS FL 34689*

4/5/97

200002197192
-06/02/97--01017--022
*****165.00**

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)