

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

001620

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90018 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49817
1. Corporation Name
ACCOUNTING FOR YOU, INC.

Principal Place of Business
Mailing Address
PONTE VEDRA CENTRE
200 EXECUTIVE WAY
PONTE VEDRA FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3. Date Incorporated or Qualified
12/29/1986
4. FEI Number
59-2750931
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes the current year intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
LEMASTER, JOSH P
5004 BUTTONWOOD DR
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME LEMASTER, JOSH P
STREET ADDRESS 5004 BUTTONWOOD DR
CITY-ST-ZIP PONTE VEDRA FL
TITLE VP
NAME LEMASTER, TAMMY S
STREET ADDRESS 5004 BUTTONWOOD DR
CITY-ST-ZIP PONTE VEDRA BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

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.

SIGNATURE: [Signature] REQUIRED
Date: 3/24/99
Daytime Phone #: (904) 285-5305

CR2E034 (1/198)