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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

DOCUMENT # K07750 (8) 1. Corporation Name SOUTHEAST ACCOUNTING SERVICES, INC.								
Principal Place of Business MICHAEL A. KOLBERT		% MICHA	Mailing Address % Michael A. Kolbert 21362 Summertrace Circle				Afti Biğir Giğir ge	
21362 SUMMER BOCA RATON I			TON FL 3342			3. Date Incorporated or Qualified 12/18/1987	3a. Date of 05/0	Last Report 1/1995
Principal Place	a of Dusinoss	2a. Mailing	Address			4. FEI Number		Applied Fo
, РппорагРасі]	S OL DOSHIG29	26				65-0029805		Not Applic 8,75 Addition
Suite, Apt. #,	elc.	Suite A	Aρt. #, etc.			Certificate of Status Desired		Fee Required
		27				6. Election Campaign Financing		\$5.00 May Be
City & State		City & S	State			Trust Fund Contribution		Added to Fees
	Country	- 28 Zip		Countr	у	8. This corporation has liability for	intangible tax u	nders 199.032,
Zip Country		29	1 [1			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
9. Name and Address of Curr		rent Registered A	gent	81	I Name	10. Name and Address of New P	registered ng	
				8	.			
KOLBERT	r, Michael A.				2 Street Addr	ress (P.O. Box Number is Not Acceptal	DIE)	
21362 SU	JMMERTRACE CIRCLE			8:	3			
BOCA RA	ATON FL 33428				<u> </u>			85 Zip Code
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I do hereby certify that the information supplies with this ming is voluntarily turnished and does not quarry for the exemption stated in section 119 07(a)(a), notice stateds. 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 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 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and factor and accurate and factor and accurate and factor and accurate and accurate and accurate and factor and accurate and accurate and factor and factor

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR