

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K17751 (4)
1. Corporation Name
FULKS-LOSTETTER TAX, FINANCIAL & ACCOUNTING, INC



Principal Place of Business Mailing Address
% KIMBERLY J. LOSTETTER
5823 26TH ST. WEST
BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0036624	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FULKS, JOANN M 5823 26TH ST. WEST BRADENTON FL 34207		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY-ST-ZIP	14 CITY-ST-ZIP		
TITLE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY-ST-ZIP	24 CITY-ST-ZIP		
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-ST-ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 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

SIGNATURE: *[Signature]*

CR2E034 (10/97)