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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

OCU	MEI	NT	# L	46	RS	22	n
O				~~	-	<i>_</i>	•

J.P. ACC	COUNTING SERVIC	CE, INC.									
Principal Plac	e of Business		Mailing Address					ili ele ti i		YI 6 (8() 1431	
6601 COLONIAL DR. MARGATE FL 33063 US 6601 COLONIAL DR. MARGATE FL 33063 US							DO NOT WRITE IN THIS :	SPACE	:		
							3. Date Incorporated or Qualifed 02/20/1989				
2. Principal F	lace of Business	2	a. Mailing Address				4. FEI Number	\neg	Appl	ied For	
21		26					65-0104208		Not	Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Ad e Req	ditional . uired	
City & Star	te	28	City & State			, vi	6. Election Campaign Financing Trust Fund Contribution		.00 M	- 1	
Zip	Country		Zip	Count	try		8. This corporation owes the current year Inta	ngible			
24	. 25 29 30			30			Personal Property Tax.				
	9. Name and Addres	s of Current Reg	istered Agent				10. Name and Address of New Registered A	gent			
PIEL	OCH, JOSEPH			8	11	Name					
6601 COLONIAL DR.					32	Street A	address (P.O. Box Number is Not Acceptable)	•	J		
MARGATE FL 33063					33	_					
•					4	City	FL	Zip Co	de		
office or r	to the provisions of Secti egistered agent, or both, m familiar with, and acce	in the State of Flo	rida. Such change was at	uthorized b	y 1	the corpor	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	hanging ment a	g its re	gistered stered	
SIGNATURE			·								
12	Signature, typed or printed name				gent	t signature rec	pulsed when reinstating) DATE	DIDE	CTOB	C IN 10	
12.	OFFICERS AND DIRECTORS 13. DPT		1.1 TITLE	=		ADDITIONS/CHANGES TO OFFICERS AND	Cha		Addition		
NAME	PIELOCH, JOSEPH			1.2 NAMI		1					
STREET ADDRESS	6601 COLONIAL DR			1.3 STRE	ET.	ADDRESS				}	
CITY-ST-ZiP	MADOATE		1.4 CITY-	1.4 CITY-ST-ZIP							
TITLE			☐ DELETE	2.1 TITLE	<u> </u>		DS: _	Cha	nge	Addition	
NAME				2.2 NAME	E	ł	DEIRDRE B PIELOCH 6601 COLONIALDINE MARGATE FL 33063				
STREET ADDRESS				2.3 STRE	ÆΤ	ADDRESS	6601 COLONIAL DIVE			1	
CITY-ST-ZIP	<u> </u>			2. 4 CITY	-ST	T-ZIP					
TITLE				3.1 TITLE			Char	nge	Addition		
NAME	•			3.2 NAME							
STREET ADDRESS				3.3 STREET ADDRESS					1		
CITY-ST-ZIP			FT pri s	3.4. CITY	_	r-zip				- Addition	
TITLE	<u> </u>		☐ DELETE	4.1 TITLE		Ì		Char	nge	Addition	
NAME	•			4. 2 NAM							
STREET ADDRESS				4.3 STRE	ET	ADDRESS				Ì	

14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP > 1

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Change

Change

☐ Addition

Addition

04-26-1999 90001 017 ***150.00