FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

K97029

(8)

DOLLARS & SENSE BOOKKEEPING, INC.							
Principal Place of Business		Mailing Address	Mailing Address				1 BIETI OTOT BION 1841
10000 SW 111TH STREET MIAMI FL 33176 US		10600 SW 111TH STREET MIAMI FL 33176					
US		US			3. Date Incorporated or Qualified 06/21/1989	3a. Date of L	ast Report 1/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0131150		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	25 29		Count 30	ountry 8. This corporation has liability for intangible tax under s 199. Florida Statutes Yes No		ter s 199.032,	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New R	egistered Ager	ıt
			8	1 Name			
BREEDLOVE, AREANNE L.			82 Street Add		dress (P.O. Box Number is Not Acceptabl	€;	
	TREE DR, STE 105 ACH FL 33140		8	3			
MIPMI DE	40H FL 33140			ļ			
			8	4 City		FL 85	Zip Code
SIGNATURE	ulture it paed or pinted name of organises about OF FICERS AN:		13.	· · · · · · · · · · · · · · · · · · ·	ol केट किडाइड ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	
NAME STREET ADDRESS CITY-ST-ZIP	WOOTEN, CATHERINE JOYO 10600 SW 111TH STREET MIAMI FL	-	1.2 NAM	ET ADORESS		Gn	nvås □1 ¥onnuod
THE NAME STREET ADDRESS CITY-ST-ZIP		☐ DETELE	2 1 THE 2 2 NAME	EL ADORESS		Cn:	ange Addition
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14. I do hereby o certify that the oath; that I ar	e information indicated on this annu	ia' report or supplemental an ration or the receiver or trust	rnished and do inual report is to tee enipowered	es not qualify	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	carried local offect	on if mode under

SIGNATURE:

celen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/96 (305) 273-8750