

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L36716 (3)
1. Corporation Name
THE ACCOUNTING PLACE, INC.

Principal Place of Business 7252 VIA PALOMAR BOCA RATON FL 33433	Mailing Address 7252 VIA PALOMAR BOCA RATON FL 33433-5922
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2. Principal Place of Business 21 20930 CONCORD GREEN DA Suite, Apt. #, etc.		2a. Mailing Address 26 20930 CONCORD GREEN DA Suite, Apt. #, etc.	
22 City & State 23 Boca Raton FL Zip Country 24 33433 25 USA		27 City & State 28 Boca Raton FL Zip Country 29 33433 30 USA	

3. Date Incorporated or Qualified 12/14/1989	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0165465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COHEN, BERNICE M. 7252 VIA PALOMAR BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BERNICE M.	1.2 NAME	
STREET ADDRESS	7252 VIA PALOMAR	1.3 STREET ADDRESS	20930 CONCORD GREEN DA
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GILBERT L	2.2 NAME	
STREET ADDRESS	7252 VIA PALOMAR	2.3 STREET ADDRESS	20930 CONCORD GREEN DA
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  GILBERT L. COHEN 4-21-97

CFE034 (9/96)