


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90173 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L40981

1. Corporation Name
FRANCES A. MCCARTHY, C.P.A., P.A.



Principal Place of Business C/O FRANCES A. MCCARTHY, C.P.A. 15088 SW 13TH COURT SUNRISE FL 33326	Mailing Address C/O FRANCES A. MCCARTHY, C.P.A. 15088 SW 13TH COURT SUNRISE FL 33326
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1990

2. Principal Place of Business 21 9805 Harrell Ave Suite, Apt. #, etc. 22 Unit #301 City & State 23 Treasure Island FL Zip Country 24 33706-3247 25 USA	2a. Mailing Address 26 9805 Harrell Ave Suite, Apt. #, etc. 27 Unit #301 City & State 28 Treasure Island FL Zip Country 29 33706-3247 30 U.S.A.
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4. FEI Number 65-0163946	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCARTHY, FRANCES A.
15088 SW 13TH COURT
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name Frances A McCarthy
82 Street Address (P.O. Box Number is Not Acceptable) 9805 Harrell Ave #301
83
84 City Treasure Island FL
85 Zip Code 33706

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: James A. McCarthy Frances A. McCarthy DATE: 4/21/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME MCCARTHY, FRANCES A.	
STREET ADDRESS 15088 SW 13TH CT.	
CITY-ST-ZIP SUNRISE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Frances A McCarthy	
1.3 STREET ADDRESS 9805 Harrell Ave #301	
1.4 CITY-ST-ZIP Treasure Island FL 33706-3247	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(f), 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, with all other like empowered.

SIGNATURE: James A. McCarthy Frances A. McCarthy DATE: 4/21/99 Daytime Phone #: 727 360-6531

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)