FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # L73798 (5)

1. Corporate Name
ACCURATE COMPUTING SERVICES, INC.

Principal Place of Business	Mailing Address
% PAUL J. KLIMCZAK 2860 WINDRIDGE OAKS DRIVE PALM HARBOR FL 34684	% PAUL J. KLIMCZAK 2860 WINDRIDGE OAKS DRIVE PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 4324 FALLBROOK BLVD.	26 4324 FALLBROOK BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM HARBOR, FL	City & State 28 PALM HARBOR, FL
Zip 24 34685 Country 25 USA	Zip 29 34685 Country 30 USA

4. FEI Number: 59-3013357 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLIMCZAK, PAUL J. 28463 U.S. 19 NORTH CLEARWATER FL 34621	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ______ (Registered Agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1. TITLE	PSD [X] Change [ ] Addition
NAME	KLIMCZAK, ROBERT D.	1. NAME	KLIMCZAK, ROBERT D.
STREET ADDRESS	2860 WINDRIDGE OAKS DR	1. STREET ADDRESS	4324 FALLBROOK BLVD.
CITY-ST-ZIP	PALM HARBOR FL	1. CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE		2. TITLE	[ ] Change [ ] Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
TITLE		3. TITLE	[ ] Change [ ] Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	[ ] Change [ ] Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	[ ] Change [ ] Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	[ ] Change [ ] Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 the 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: Robert D. Klimczak ROBERT D. KLIMCZAK 04/26/95 (813) 943-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0367019 CP