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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L73798** (5)

1. Corporation Name
ACCURATE COMPUTING SERVICES, INC.

Principal Place of Business

Mailing Address

**4324 FALLBROOK BLVD
PALM HARBOR FL 34685
US**

**4324 FALLBROOK BLVD
PALM HARBOR FL 34685
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number

59-3013357

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 311 MANE COURT

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS, FL

Zip

24 34689

Country

25 U.S.

2a. Mailing Address

26 311 MANE COURT

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS, FL

Zip

29 34689

Country

30 U.S.

9. Name and Address of Current Registered Agent

**KLIMCZAK, PAUL J.
28463 U.S. 19 NORTH
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name

KLIMCZAK, PAUL J.

82 Street Address (P.O. Box Number is Not Acceptable)

2300 CURLEW ROAD - SUITE 201

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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

TITLE **PSD** ☐ DELETE

NAME **KLIMCZAK, ROBERT D.**
STREET ADDRESS **4324 FALLBROOK BLVD.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition

1.2 NAME **KLIMCZAK, ROBERT D.**

1.3 STREET ADDRESS **311 MANE COURT**

1.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

Robert D. Klimczak

04/25/98

813-943-9265

CR2E034 (10/97)