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

	- AGE TO				CTATE				1
	OFIT CONTRACTOR OF THE CONTRAC	FLO.	RIDA DEPARTI		SIAIE				
	CORPORATION Sandra B. Mortham								
ANNUAL	L REPORT	<b>6</b> /	Secretary		A				
	996	/ Oi	IVISION OF CO	ORPORAT	ION\$	<b>j</b>			
<ol> <li>Cornoration Na</li> </ol>	ENT #L94242		_						
Accet Ma	anagement Group of A	merica,	, Inc.						
naact Mi		·							
Principal Place of	<sup>†</sup> Business	Mailing Add							
				ach T	akes Blvd	₫.			
	Beach Lakes Blvd.	Suite		مه وجدر					
outle 400						3. Date Incorporated or Qualified		of Last Report	ત
West Palm Beach, FL 33401 West Palm Beach, FL						08/15/90		5/01/95	
	a of Business	2s. Mailing	Address			4. FEI Number		Appli	lied For
2. Principal Plac	.e or business	28. Maning .			_	65-0209610			Applicable
Suite Ant #	elc		Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Add	
Suite, Apt. #.	Sto.	27		_				Fee Requ	
City & State		City & S	State			6. Election Campaign Financing	$\Box$	\$5.00 Ma Added to I	
		28				Trust Fund Contribution			
Zip	Country	Zip		Cour	ntry	8. This corporation has liability for Elegant Statutes Yes	ox intangible s 🔀 No	, lax under S. \	.45 002.
∠ID 24	25	29		30		Fiorida Statutes Yes  10. Name and Address of New F		Agent	
<u> </u>	9. Name and Address of Current F		gent		341 N===	10. Name and Address of New	Biotet ad		
	•	- <b></b>	_	Ì	81 Name		-		
Gary N. Gerson 82 Street Address						press (P.O. Box Number is Not Accept	table)		}
1645 Palm Beach Lakes Boulevard					_				
Suite 120	00			)	83				
	m Beach, FL 33401			ŀ	84 City		EI	85 Z·p Co	ode
						norther removes the	a bittocco	of changing its	registered
11. Pursuant In	the provisions of Sections 607 0502	and 607.1508	3, Florida Statui	les, the al	nove-named cor	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	cept the app	pointment as n	egistered
office or rec	gistered agent, or both, in the State on familiar with, and accept the obligation	ions of Section	on 607 0505. Fl	lorida Stat	utes corpore	/	-		ļ
agent. I am	n familiar with, and accept the bongun					and an experience of the second of the secon	DATE	<del> </del>	
SIGNATURE	Signature, lyped or printed name or registered agent	and lifte if appread			d Aujent signature requ	ADDITIONS/CHANGES TO OF		ID DIRECTORS	S IN 12
12.	OFFICERS AND	DIRECTORS	DELETE	13.	TUL T			Change	Addition
TITLE	D,P,S,T		רו הנדבוך						
NAME	John C. Metz			12%	ļ				Ì
STREET ADDRESS	8008 Flagler Drive		1		TREET ADDRESS				
CITY - ST - ZIP	West Palm Beach, F	L 3340		14C 21T	TITLE			Change	Addition
TITLE			DELETE		1				Ì
NAME	1			22 N	1	,			1
STREET ADDRESS	l			1	STREET ADDRESS				
CITY+ST-ZIP			The rec		TITLE			Change	Addition
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STREET ADDRESS	1				STREET ADDRESS				
CITY - ST - ZIP			100.00		CITY ST-ZIP			Change	Addition
TITLE		_	DELETE		TITLE				
NAME	1			1	NAME				
STREET ADDRESS					STREET ADDRESS				_
CITY - ST - ZIP			115-		CITY - ST - ZIP			Change	Addition
TITLE			DELETÉ		TITLE			-	
NAME					NAME				
STREET ADDRESS				1	STREET ADDRESS	والمستار المستريض ويراوي	2004	<b>5</b> 4	
CITY ST ZIP					CITY-ST-ZIP	<u>40000178</u> -04/22/96010 ***600.00		Change	Addition
TITLE			DELETE	B 1	1 TITLE	-04/22/9601(	a (1Ω;	CO	, ^~
NAME				B	NAME	***600.00		ار	一位
SIREET ADDRESS				63	STREET ADDRESS			LI	of.
		_	-		4 CITY - ST - ZIP	qualify for the augmention stated in Co-	ction 119 n	7(3)(k), Florida	1 Statutes
14. I do bero	by certify that the information supplies	nd with this filir	ng is voluntarily	y furnishe	d and does not	quality for the exemption stated in Se true and accurate and that my signatured to execute this report as require	ire shall hav	e the same leg	gal effect as i
14. TOD here	reliev that the information indicated or.	n this annual re	eport or supple	emental a	nnual report is to	world to execute this report as require	ed by Chap	ster 607, Florid.	ia Statutes, ar

further certify that the information indicated on this annual report or supplemental annual report is tide and accurate and indicated on this annual report or supplemental annual report is tide and accurate and indicated in an action of the receiver or trustee empowered to execute this report as required that my name appears in block 12 or prock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John C. Metz 03//9 /96 Date

(407) 585-4412