

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M 98833

1. Corporation Name

ACCELERATED REPORTING, INC.

Principal Place of Business

Mailing Address

1205 NORTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-16-1988

3a. Date of Last Report

4-27-1994

4. FEI Number

05-0082981

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1205 N. FEDERAL HIGHWAY

26 PO BOX 965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 \*

27

City & State

City & State

23 DELRAY BEACH, FLORIDA

28 BOCA RATON, FLORIDA

Zip

Country

Zip

Country

24 33487

25 USA

29 33429

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGINA WHITEHEAD

1205 N. FEDERAL HIGHWAY

DELRAY BEACH, FL 33487

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

Signature typed in either name of registered agent and fee & applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT  
NAME: REGINA WHITEHEAD  
STREET ADDRESS: 1205 NORTH FEDERAL HWY  
CITY/ST/ZIP: DELRAY BEACH, FL 33487

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY/ST/ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY/ST/ZIP:

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY/ST/ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY/ST/ZIP:

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY/ST/ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY/ST/ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY/ST/ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY/ST/ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY/ST/ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY/ST/ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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(3)(k), 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

REGINA WHITEHEAD, PRESIDENT 5-16-95 (407)265-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number