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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000516			
1. Corporation Name FLORIDA SOCIETY OF ACCOUNTANTS, INC.			
Principal Place of Business 2265 LEE ROAD, SUITE 103 WINTER PARK FL 32789		Mailing Address 2265 LEE ROAD, SUITE 103 WINTER PARK FL 32789	
2. Principal Place of Business 21 Sube, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Sube, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/27/1998		4. FEI Number ☒ 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	
7. Name and Address of Current Registered Agent O'NEAL, CURTIS LEE 2265 LEE ROAD, SUITE 103 WINTER PARK FL 32789		8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
9. Signature of Current Registered Agent Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when releasing)			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. TITLE NAME STREET ADDRESS CITY-ST-ZIP 15. TITLE NAME STREET ADDRESS CITY-ST-ZIP 16. TITLE NAME STREET ADDRESS CITY-ST-ZIP 17. TITLE NAME STREET ADDRESS CITY-ST-ZIP 18. TITLE NAME STREET ADDRESS CITY-ST-ZIP 19. TITLE NAME STREET ADDRESS CITY-ST-ZIP 20. TITLE NAME STREET ADDRESS CITY-ST-ZIP 21. TITLE NAME STREET ADDRESS CITY-ST-ZIP 22. TITLE NAME STREET ADDRESS CITY-ST-ZIP 23. TITLE NAME STREET ADDRESS CITY-ST-ZIP 24. TITLE NAME STREET ADDRESS CITY-ST-ZIP 25. TITLE NAME STREET ADDRESS CITY-ST-ZIP 26. TITLE NAME STREET ADDRESS CITY-ST-ZIP 27. TITLE NAME STREET ADDRESS CITY-ST-ZIP 28. TITLE NAME STREET ADDRESS CITY-ST-ZIP 29. TITLE NAME STREET ADDRESS CITY-ST-ZIP 30. TITLE NAME STREET ADDRESS CITY-ST-ZIP 31. TITLE NAME STREET ADDRESS CITY-ST-ZIP 32. TITLE NAME STREET ADDRESS CITY-ST-ZIP 33. TITLE NAME STREET ADDRESS CITY-ST-ZIP 34. TITLE NAME STREET ADDRESS CITY-ST-ZIP 35. 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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP 11.5 TITLE 11.6 NAME 11.7 STREET ADDRESS 11.8 CITY-ST-ZIP 11.9 TITLE 11.10 NAME 11.11 STREET ADDRESS 11.12 CITY-ST-ZIP 11.13 TITLE 11.14 NAME 11.15 STREET ADDRESS 11.16 CITY-ST-ZIP 11.17 TITLE 11.18 NAME 11.19 STREET ADDRESS 11.20 CITY-ST-ZIP 11.21 TITLE 11.22 NAME 11.23 STREET ADDRESS 11.24 CITY-ST-ZIP 11.25 TITLE 11.26 NAME 11.27 STREET ADDRESS 11.28 CITY-ST-ZIP 11.29 TITLE 11.30 NAME 11.31 STREET ADDRESS 11.32 CITY-ST-ZIP 11.33 TITLE 11.34 NAME 11.35 STREET ADDRESS 11.36 CITY-ST-ZIP 11.37 TITLE 11.38 NAME 11.39 STREET ADDRESS 11.40 CITY-ST-ZIP 11.41 TITLE 11.42 NAME 11.43 STREET ADDRESS 11.44 CITY-ST-ZIP 11.45 TITLE 11.46 NAME 11.47 STREET ADDRESS 11.48 CITY-ST-ZIP 11.49 TITLE 11.50 NAME 11.51 STREET ADDRESS 11.52 CITY-ST-ZIP 11.53 TITLE 11.54 NAME 11.55 STREET ADDRESS 11.56 CITY-ST-ZIP 11.57 TITLE 11.58 NAME 11.59 STREET ADDRESS 11.60 CITY-ST-ZIP 11.61 TITLE 11.62 NAME 11.63 STREET ADDRESS 11.64 CITY-ST-ZIP 11.65 TITLE 11.66 NAME 11.67 STREET ADDRESS 11.68 CITY-ST-ZIP 11.69 TITLE 11.70 NAME 11.71 STREET ADDRESS 11.72 CITY-ST-ZIP 11.73 TITLE 11.74 NAME 11.75 STREET ADDRESS 11.76 CITY-ST-ZIP 11.77 TITLE 11.78 NAME 11.79 STREET ADDRESS 11.80 CITY-ST-ZIP 11.81 TITLE 11.82 NAME 11.83 STREET ADDRESS 11.84 CITY-ST-ZIP 11.85 TITLE 11.86 NAME 11.87 STREET ADDRESS 11.88 CITY-ST-ZIP 11.89 TITLE 11.90 NAME 11.91 STREET ADDRESS 11.92 CITY-ST-ZIP 11.93 TITLE 11.94 NAME 11.95 STREET ADDRESS 11.96 CITY-ST-ZIP 11.97 TITLE 11.98 NAME 11.99 STREET ADDRESS 11.100 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 617, 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: Curtis Lee O'Neal REQUIRED Director 1/7/99 607-645-3173
 2265 LEE ROAD, SUITE 103
 WINTER PARK, FL 32789

CP2E037 (1/98)