

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P92000004938 (6)**  
1. Corporation Name

**ACCU-RITE ACCOUNTING INC.**



Principal Place of Business Mailing Address  
**13332 SUBURBAN TERRACE  
WINTER GARDEN FL 34787  
US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/12/1992 08/10/1995**  
4. FEI Number **59-3154151** Applied For  
**NOT APPLICABLE** Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NOBLE, DEANNE M  
13332 SUBURBAN TERRACE  
WINTER GARDEN FL 34787**

10. 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

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 of Registered Agent (Required for all corporations)

(If the Registered Agent signature is required when the change is made)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	NOBLE, DEANNE M	13332 SUBURBAN TERRACE	WINTER GARDEN FL 34787	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15	16
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Deanne M Noble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-96

656-3394

CR2E034 (3/96)