

**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 # P92000005860 (1)
1. Corporation Name

ACCREDITED ACCOUNTING & TAX SERVICES, INC.



Principal Place of Business Mailing Address
**7345 JACKSON SPRINGS RD
NO 2
TAMPA FL 33634** **7345 JACKSON SPRINGS RD
NO 2
TAMPA FL 33634**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1992	3a. Date of Last Report 03/28/1995
21. Suite, Apt #, etc	22. City & State	23. Zip	24. Country	4. FEI Number 59-3153529	Applied For Not Applicable
25. Suite, Apt #, etc	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt #, etc	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
33. Suite, Apt #, etc	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATKINS, CARL T 7345 JACKSON SPRINGS RD SUITE 3 TAMPA FL 33634				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City	FL	B5. 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 _____ (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERRY, BRIGITTA M			12. NAME			
STREET ADDRESS	7201 HOLLOWELL DR	<input type="checkbox"/> DELETE		13. STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				22. NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		23. STREET ADDRESS			
CITY-ST-ZIP				24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32. NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42. NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52. NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62. NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		63. STREET ADDRESS			
CITY-ST-ZIP				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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brigitta G. Terry* **6-15-96 813-884-7245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)