


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P.92 0000 0 8458**
 1. Corporation Name
A-A-FEE BOOKKEEPING SERVICES INC.

Principal Place of Business Mailing Address
16 FORT ROYAL ISLE
FT LAUDERDALE, FL 33308

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State FT LAUDERDALE 23 Zip 33308 Country FLORIDA	2a. Mailing Address 26 16 FORT ROYAL ISLES Suite, Apt. #, etc. 27 City & State FT LAUDERDALE FL 28 Zip 33308 Country USA
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3. Date Incorporated or Qualified 1992	3a. Date of Last Report 1996
4. FEI Number 105-037355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BLANCHE LUPKIN
16 FT. ROYAL ISLE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent	
81 Name N/A	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: *Blanche Lupkin* DATE: **4/24/97**

12. OFFICERS AND DIRECTORS	
1.1 TITLE PRESIDENT	<input type="checkbox"/> DELETE
1.2 NAME BLANCHE LUPKIN	<input type="checkbox"/> DELETE
1.3 STREET ADDRESS 16 FORT ROYAL ISLE	<input type="checkbox"/> DELETE
1.4 CITY-ST-ZIP 33308 FT. LAUDERDALE	<input type="checkbox"/> DELETE
2.1 TITLE Vice Pres	<input type="checkbox"/> DELETE
2.2 NAME ELWOT J LUPKIN	<input type="checkbox"/> DELETE
2.3 STREET ADDRESS 16 FORT ROYAL ISLE	<input type="checkbox"/> DELETE
2.4 CITY-ST-ZIP 33308 FL	<input type="checkbox"/> DELETE
3.1 TITLE 	<input type="checkbox"/> DELETE
3.2 NAME 	<input type="checkbox"/> DELETE
3.3 STREET ADDRESS 	<input type="checkbox"/> DELETE
3.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE
4.1 TITLE 	<input type="checkbox"/> DELETE
4.2 NAME 	<input type="checkbox"/> DELETE
4.3 STREET ADDRESS 	<input type="checkbox"/> DELETE
4.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE
5.1 TITLE 	<input type="checkbox"/> DELETE
5.2 NAME 	<input type="checkbox"/> DELETE
5.3 STREET ADDRESS 	<input type="checkbox"/> DELETE
5.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE
6.1 TITLE 	<input type="checkbox"/> DELETE
6.2 NAME 	<input type="checkbox"/> DELETE
6.3 STREET ADDRESS 	<input type="checkbox"/> DELETE
6.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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: *Blanche Lupkin* DATE: **4/24/97** **854-767 0001**

CR2E034 (9/96)