

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000012991 (5)

1. Corporation Name

ACCURATE ACCOUNTING & TAX INC.



Principal Place of Business

600 GOODLETTE ROAD NORTH
SUITE 104
NAPLES FL 33840

Mailing Address

600 GOODLETTE ROAD NORTH
SUITE 104
NAPLES FL 33840

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0376414

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, HELEN
600 GOODLETTE RD. N
SUITE 104
NAPLES FL 33940

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 607.0532 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 change of registered office or agent)

(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
NAME	KINCAID, SHELLE M	
STREET ADDRESS	201 1ST STREET	
CITY-STATE-ZIP	RUSK TX	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	WATSON, HELEN	
STREET ADDRESS	600 GOODLETTE RD N #104	
CITY-STATE-ZIP	NAPLES FL 33940	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BERRY, FERN	
STREET ADDRESS	201 1ST STREET	
CITY-STATE-ZIP	RUSK TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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:

Helen Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96

941-261-8100

CR2E034 (12/95)