

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000032630 (4)**

1. Corporation Name
ACC GROUP, INC.



Principal Place of Business
**4409 ALTON RD.
MIAMI BEACH FL 33140**

Mailing Address
**4409 ALTON RD.
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DUNAEVSKY, DOV
4409 ALTON RD.
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
01/03/1996

4. FEI Number
65-0411793

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.1306, 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 Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**D
DUNAEVSKY, DOV
4409 ALTON RD.
MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME
**D
GLASER, YZHAR
484 SUNRISE HIGHWAY
ROCKVILLE CENTER NY 11590**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent of the corporation; and that I am not a resident of the State of Florida. I agree to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOV DUNAEVSKY

3/12/96

538-3877

CR2E034 (12/95)