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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90045 037 ***150.00

FILED

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1. Corporation Name

SOUTH FLORIDA ACCOUNTING, INC.

Principal Place of Business	Mailing Address	Mailing Address			{
2649 NE 33RD STREET P.O. BOX 11223 FT LAUDERDALE FL 33306-1515 FT. LAUDERDALE FL 33339				DO NOT WRITE IN THIS SP.	4CE
1				3. Date Incorporated or Qualifed 05/05/1993	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0410362	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Count 24 25		Country	,	8. This corporation owes the current year Intang	
	ress of Current Registered Agent			10. Name and Address of New Registered Age	nt
LENNON, MICHAEL J 2649 NE 33RD STREET FT LAUDERDALE FL 333		81 82 83	Street Addres	ss (P.O. Box Number is Not Acceptable)	
		84	City	EI 8	5 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 a	n familiar with, and accept the obligations of, Section 6	07.0505, Florid	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature	required when reinstatin	·g)	DATE		~ —
12.	OFFICERS AND DIRECTORS		13.	ADDIT	IONS/CHANGES TO	O OFFICERS A	ND DIRECTO	
TITLE	PVT	DELETE	1.1 TITLE	D			Change	Addition
NAME	LENNON, MICHAEL J		1.2 NAME					
STREET ADDRESS	2649 NE 33RD STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CiTY-ST-ZIP				. <u> </u>	
TITLE	S .	DELETE	2.1 TITLE				Change	☐ Addition
NAME I	LENNON, JULIE		2.2 NAME					
STREET ADDRESS	2649 NE 33 STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1515		2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u></u>			
TITLE		DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5 2 NAME	}				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	L				
TITLE	·	DELETE	6.1 TITLE				Change	☐ Addition
NAME :	Free Commence		6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. I 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 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, with all other like empowered.

SIGNATURE:

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