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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000034485 (1)**
1. Corporation Name
ACCU-TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business: **3200 N. MILITARY TRAIL SUITE 400 BOCA RATON FL 33431 US**
Mailing Address: **2611 CONGRESSIONAL WAY POMPANO BEACH FL 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/10/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0418052** 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

2. Principal Place of Business

21 **1810 Sabel drive** 2a. Mailing Address: **1810 Sabel drive**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Deerfield Beach Fl** 28 **Deerfield Beach Fl**

24 **33442** 25 Country 29 **33442** 30 Country

9. Name and Address of Current Registered Agent
**GIRNUN, MORRIS A
3200 N MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name: **Girnun, Morris A**

82 Street Address (P.O. Box Number is Not Acceptable): **1810 Sabel drive**

83

84 City: **deerfield beach** FL 85 Zip Code: **33442**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of approval (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GIRNUN, MORRIS A
STREET ADDRESS	3200 N. MILITARY TRAIL, SUITE 400
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Girnun, MORRIS A	
13 STREET ADDRESS	1810 Sabel drive	
14 CITY - ST - ZIP	Deerfield Beach Fl 33442	
21 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Girnun, Jodi	
23 STREET ADDRESS	1810 Sabel drive	
24 CITY - ST - ZIP	deerfield beach fl 33442	
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GIRNUN RENE'	
33 STREET ADDRESS	1810 SABEL DRIVE	
34 CITY - ST - ZIP	DEERFIELD BEACH FL. 33442	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - 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(2)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: _____ 4/24/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)