FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
95 MAY - 1 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047657 (0)

1. Corporate Name

ACCURATE BUSINESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2809 NW 68TH LANE MARGATE FL 33063	2809 NW 68TH LANE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0439542 — 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 taken, for intangible tax under S. 199.032 Florida Statutes: Yes / ✓ No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 — County: 25 / Zip: 29 — County: 30

9. Name and Address of Current Registered Agent

CHIRICHELLA, MICHAEL
2809 NW 68TH LANE
MARGATE FL 33063

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 607.1507 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIRICHELLA, MICHAEL
STREET ADDRESS	2809 NW 68 LN.
CITY-ST-ZIP	MARGATE FL 33063

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — Change / Addition

14. I 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)(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.

SIGNATURE: Michael Chirichella President — 5/1/95 — 305-497-4065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106065 CP