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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P93000049723 (8)

ACCESS NORTH AMERICA, INCORPORATED

## **FILED** Feb 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							I CORMONI UN INNOCULARI ONIM ONIM COM ENVINORIM DINA COMO INVINITARIO INCOMINICIO INCOMINI		
110 S.E. 1	1TH STREET		1	10 S.E. 11TH STREET					
POMPANO		ANO BEACH FL 33060			DO MOT MIDITE IN THIS SMACE				
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
								07/15/1993	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For	
21				26				65-0431396 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				SR 75 Additional	
22				27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23			28	<u> </u>				Trust Fund Contribution Added to Fees	
Zip	<b>-</b>			Zip Country				8. This corporation owes or has paid the current year Intangible	
24 25 29 30					30	<del></del>		Personal Property Tax due June 30. Yes No	
g, Name and Address of Current Registered Agent							blomo	10. Name and Address of New Registered Agent	
WEINTRAUB, PETER B						B1	Name		
1701 W. HILLSBORO BLVD.						82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 301						83			
DEERFIELD BEACH FL 33442						83			
						84	City	FL 85 Zip Code	
14 Pursuant	to the provisi	one of Sections 607 050	2 and 607	1508 Florida Statut	es the a	hove	anamed cor	rporation 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 corpora	ation'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, typed or printed name of registered agent and title if applicable. (NOTC: Registered						d Age	ni signature requ	uired when reinstaling) DATE	
12. OFFICERS AND DIRECTORS 13.					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP			DELETE	1,1 Ti	TLE		☐ Change ☐ Addition	
NAME	= - · · · - · / === · ·				1.2 N	1.2 NAME			
STREET ADDRESS						rreet	ADDRESS		
CITY-ST-ZIP					1.4 0	TY-\$1	T-ZIP		
TITLE	DV			☐ DELET <b>E</b>	ETE 2.1 TITLE			Change Addition	
NAME	MALAVOLTA, VINCENT			2.2 N/		AME			
STREET ADDRESS				2.3 ST		REET.	ADDRESS		
CITY-ST-ZIP					2.4 CITY				
TITLE	DS			☐ DELÉTÉ	3.1 TI			☐ Change ☐ Addition	
NAME	DUCROS, ADELAIDE				3.2 N				
STREET ADDRESS	DOMPANO DESCRIPTI COCCO						address		
CITY-ST-ZIP					3.4. 0		T-ZIP		
TITLE	<b>\</b>			☐ DELETE	4.1 TI		}	☐ Change ☐ Addition ☐	
NAME					4.2 N				
STREET ADDRESS					4.3 S	REET	ADDRESS		
CITY-ST-ZIP					4.4 CI		r-z)P		
TITLE DELETE					5.1 TITLE		☐ Change ☐ Addition		
NAME					5.2 N				
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP	ļ.——			Dr. cre	5.4 C		- ZIP		
TITLE				☐ DELETE	6.1 71			Change Addition	
NAME					6.2 N/		İ		
STREET ADDRESS	İ						ADDRESS		
CITY-ST-ZIP					6.4 Cf	IY-SI	- 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 chapter 607, or on an attachment with an address.

olialag

GAUDOL WORE