

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000065384 (8)

1. Corporation Name

COLIN K. VARNES, CERTIFIED PUBLIC ACCOUNTANT, PR
OFSSIONAL ASSOCIATION

Principal Place of Business

~~1850 FOREST HILL BLVD.~~
~~SUITE #101~~
~~WEST PALM BEACH FL 33406~~

Mailing Address

~~1850 FOREST HILL BLVD.~~
~~SUITE #101~~
~~WEST PALM BEACH FL 33406~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

65-0438358

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite Apt. # etc.
22 COLIN K. VARNES, CPA, PA
23 1122 S. CONGRESS AVE SUITE C
WEST PALM BEACH, FL 33406

2a. Mailing Address

26 COLIN K. VARNES, CPA, PA
27 1122 S. CONGRESS AVE SUITE C
28 WEST PALM BEACH, FL 33406

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

VARNES, COLIN K
~~1850 FOREST HILL BLVD.~~
~~SUITE #101~~
~~WEST PALM BEACH FL 33406~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (Please Print Name if Not Applicable)
83 COLIN K. VARNES, CPA, PA
1122 S. CONGRESS AVE SUITE C
84 WEST PALM BEACH, FL 33406
85 FL 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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	VARNES, COLIN K	1850 FOREST HILL BLVD., SUITE 101	WEST PALM BEACH FL 33406	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	COLIN K. VARNES, CPA, PA	1122 S. CONGRESS AVE SUITE C	WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Colin K. Varnes* Pres 4-3-98 561 641-4800

CR2E034 (10/97)