

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000080391 (4)**

1. Corporation Name  
**A ACCOUNTING GROUP INC.**



Principal Place of Business: **2407 EAST MALL DRIVE FT. MYERS FL 33901**  
Mailing Address: **2407 EAST MALL DRIVE FT. MYERS FL 33901**

3. Date Incorporated or Qualified: **11/15/1993**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	23	City & State	24	Zip	25	Country	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country	4.	FEI Number	59-3212031	Applied For	Not Applicable
																				5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
																				6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
																				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent			
<b>MCLEOD, RODERICK</b> <b>2407 E. MALL DRIVE</b> <b>FT. MYERS FL 33901</b>										81	Name		
										82	Street Address (P.O. Box Number is Not Acceptable)		
										83			
										84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCLEOD, RODERICK</b>	1.2 NAME	
STREET ADDRESS	<b>2407 EAST MALL DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P. MARTHA BONHAM</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2409 EAST MALL DR</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>LOUIS SALLI</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2407 EAST MALL DR</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(3)(k), 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: *[Signature]* DATE: **2-1-96** DAY/TIME PHONE # \_\_\_\_\_

CR2E034 (12/95)