

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011817 (1)

1. Corporation Name

ACCURATE TOPOLOGY, INC.



Principal Place of Business

3810-1 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

Mailing Address

3810-1 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

2. Principal Place of Business

2a. Mailing Address

21 3938 SUNBEAM Rd.

26 3938 Sunbeam Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Zip

Country

Country

24 32257

29 32257

25 DUVAL

30 Duval

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3221343

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

NOUISSER, HAMADI B
8401 SOUTHSIDE BLVD., SPT. 712
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12997 MANDARIN Road

83

84 City

JACKSONVILLE

FL

85 Zip Code

32223

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 the corporation)

(Date) Registered Agent's signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
NOUISSER, HAMADI B
8401 SOUTHSIDE BLVD., STE. 712
JACKSONVILLE FL 32256

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY - ST - ZIP

12997 mandarin Road
JACKSONVILLE FL 32223

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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:

Hamadi Nouisser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register & Finance #

CR2E034 (12/95)