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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # **P94000025363**1. Corporation Name

Principal Place of Business

ACCOUNTING STARS, INC.

6301 NW 5TH V #2100 LAUDERHILL FL		7347 NW 48 PL Lauderhill FL 33319		DO NOT WE	RITE IN THIS	SPACE		
US	. 33303				3. Date Incorporated or Qualifer 03/28/1994	d		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		2a. Mailing Address 26 7 250 Peppertree (ircle Nor		^{ንተ} ት 65-0486674			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27		5. Certifcate of Status Desired		Fee I	Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Int	angible	
24	25	29 33314 30	J US		Personal Property Tax.		□Yes	□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New	Registered	Agent	
			81	Name				Ì
BECKER, MATTHEW				Street Ad	dress (P.O. Box Number is Not Accep	table)		
7347 NW 48 PL			82	725	O Teppentree Circ	le VI	orth	
LAUDERHILL FL 33319			83			C		ì
.*	•		24	014			85 Zi	p Code
			84	City 7)avie	FL		3314
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 age	nt and title if applicable. (NOTE: Re	gistered Agent	signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	CPSD	☐ DELETE	1.1 TITLE				Chang	e 🗀 Addition
NAME	BECKER, MATTHEW		1.2 NAME			1	a 41	. 1
STREET ADDRESS	7347 NW 48 PL		1.3 STREET	ADDRESS -	1250 Peppertree Ci	rcle. 1	prom	ĺ
CITY-ST-ZIP	LAUDERHILL FL 33319		1,4 CITY-ST-	·ZIP ~	1250 Peppertree Ci Davie, FL 33314			
TITLE		☐ DELETE	2.1 TITLE				☐ Chang	e Addition
NAME			2.2 NAME					
STREET ADDRESS	· •		2.3 STREET	ADDRESS	•			1
CITY-ST-ZIP			2.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	3.1 TITLE			• • • • •	☐ Chang	e
NAME			3.2 NAME					Ì
STREET ADDRESS		i	3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	e Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TTLE		**		Chang	ge [] Addition
NAME			5.2 NAME	-				ł
STREET ADDRESS			5.3 STREET	ADDRESS				ĺ
CTTY-ST-ZIP	, `		5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	e
NAME			6.2 NAME					}
STREET ADDRESS	·		6.3 STREET	ADDRESS				i

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, with all other like empowered.

SIGNATURE:

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90162 039 ***150.00