SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR APTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000025744 (1)

FILED Oct 15 1998 8:00am Secretary of State

ACCUTE	EMP SERVICES, INC.				
Principal Plan	ce of Business	Malling Address			
1 '			_		
	AT POINT ROAD	5060 BARNEGAT POINT ROA ORLANDO FL 32808	D		
ORLANDO FL 32808 ORLANDO FL 32808			DO NOT WRITE IN THIS SPACE		
		••		3. Date Incorporated or Qualified	
				04/05/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6703	B mills RD	26 6703 Mill	s RD.	59-3234611	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<i></i>	5. Certificate of Status Desired	\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & Stat	Ndo .FL.	City & State ORIANGO	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32 8	Country U5	Zip.	_ Country US	8. This corporation owes or has paid the c	
24 328	10 25 ORANGE	29 32810 3	ORANGE	Personal Properly Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
GRYLLAKIS, NICHOLAS J B1 Name N 1 1				MALLAS T GRUID	115 L
5080 BARNEGAT POINT ROAD 82 Stree			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	11-7
ORLANDO FL 32808			<u> </u>	3 Mills RD	
			83		
			84 City		85 Zin Code
			- 1 1 . DK	Nando F	L 1°132810
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		: Registered Agent signature requi		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSD AUGUSTAS I	DELETE	1.1 TITLE PS	5D Novic Minuales T	Change Addition
NAME	GRYLLAKIS, NICHOLAS J		1.2 NAME GR	VILAKIS NICHOLAS J 63 MILLO RO.	
STREET ADDRESS	5080 BARNEGAT POINT ROAD		1.3 STREET ADDRESS	03 MING NOI	
CITY-ST-ZIP	ORLANDO FL 32802		1.4 CITY-ST-ZIP	MANDO, FL. 32810	
TITLE		L DELETE	2 1 TITLE	•	Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		—
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP 4.1 TITLE		
TITLE		DELETE	4.1 TITLE 4.2 NAME		Change Addition
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		1
CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 early 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 NICK GRANIAKIS MICH OSHINDSKIS

10/12/92 407-296- 2665