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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035286 (1)

ACCU-SCREEN, INC.

FILED Mar 10 1998 8:00am Secretary of State

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					E B 14 5
Principal Place of Business Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44 1119 1 2111 1 112 1 12 1 1 1 1 1 1 1 1
29805 US 19 NORTH STE. 130 29805 US 19 NORTH STE. 130					
CLEARWATER FL 34621		CLEARWATER FL 34621		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/10/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 530		26 PO BOX	20767	59-3241918	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
City & State		City & State	17	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 TAM	Country	28 TAMPA	Country	Tract to the Containment	710000101000
24 330	• . − ¬		30 HIM BORTOO	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
20 20	9. Name and Address of Current	Registered Agent	1901 HEATING	10. Name and Address of New Registe	
PEASE, THOMAS E 81 Name					
ACCOS LIC AD MODELL CTT ACC				dress (P.O. Box Number is Not Acceptable)	
	EARWATER FL 34821		- 311661 AOC	areas (1.0, box humber is not noceptable)	
			83		
			84 City		85 Zip Code
				rporation submits this statement for the purpo	FL
office or re agent. I ar	egistored agent, or both, in the State in familiar with, and accept the obligation	of Florida Such change wa tions of, Section 607,0505,	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE .	Signature, typed or printed name of regularied ages	t and tille it applicable (N	OTE Registered Agent signature requ	ulred when reinstating) DA	NTE .
12.	OFFICERS AND	ALCO TO THE RESIDENCE OF THE PARTY OF THE PA	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	CONNELL, KEVIN G		1.2 NAME		
STREET ADDRESS	4141 BAYSHORE BLVD 1602		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	T pri ctr	1.4 CITY-SY-ZIP		Change Addition
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE 3.2 NAME		
NAME STREET ADDRESS			33 STREET ADORESS		
CITY-ST-ZIP			3.4. City-ST-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		 · · ·	4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I boroby o	actifu that the information convoled wi	to this films done not qualify	for the eventtion stated in	n Section 119 07(3)(i) Florida Statutes, Liurth	er certify that the information

Indicated on this annual report or supplied with this fining doos for quarry for the exemplor state in section 178.070,7, Profited Statutes. Indicates in 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

President

313198

813-837-1920