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 # P9400038304 (9)

AMERK	CAN BOOKKEEPING SERVI	CE, INC.	(-)						
Principal Place of Business Mailing Address						I CONTRACTOR TO SELECT SERVICE	4010# 1116: 18	IDA KILI DE	iii 618 1 1 88 1
708 GROVELAND AVE 708 GROVELAND AVE VENICE FL 34282						DO NOT WOL	E IN TURO CO	NCE.	
US		US				3. Date Incorporated or Qualified		IUE	
						05/16/1994			
2. Principal P	lace of Business	2a. Mailing Add	ress			4, FEI Number		A	pplied For
21		26			65-0490597		No	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & State		City & State							equired
23	U	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country					
24 25		29 30		י י		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren					10. Name and Address of New R			
BA	RTLETT, CHARLES J			81	Name				
203	33 MAIN ST.				Street Add	iress (P.O. Box Number is Not Accepte	able)		
	ITE 600				 -	· · · · · · · · · · · · · · · · · · ·	·		
SA	RASOTA FL 34237			83					
				84	City		F. (6	35 Zip i	Code
					L		FL [
SIGNATURE	Signalure, typind or printed name of registered ap-	est and title d'applicable	(NOTE Reg	gistered Age		poration submits this statement for the tion's board of directors. I hereby accoming ired when reinstating)	DATE	<u>-</u>	
12.	D OFFICERS AN	DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		HECTOR Change	RS IN 12 Addition
NAME	SCHUMAKER, MELISSA Q	L. 101	3	1.2 NAME	ì			Onlinge	
STREET ADDRESS	708 GROVELAND AVE		-	1.3 STREET	ADDRESS				
CITY-ST-ZIP	VENICE FL			14 CITY-S					
TITLE		□ DI		21 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS			ł	2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP		······································		
TITLE		De	LETE	3.1 TITLE				Change	Addition
NAME				32 NAME	-				
STREET ADDRESS				3.3 STREET	ľ				
CITY-ST-ZIP	·	DE DE		3.4. CITY - S	T-ZIP			Change	1.2.00
TITLE		L.J DE		4 1 TITLE			ل_ا	onange	Addition
STREET ADDRESS				4. 2 NAME	ADDRESS				
			1	4.3 STREET.					
CITY-ST-ZIP TITLE		DE DE	LETE	4.4 CITY - ST 5.1 TITLE	1-2IP		— п	Change	Addition
NAME			1	5.2 NAME			س		
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5 4 CITY-S1					
TITLE		☐ DE		6 1 TITLE				Change	Addition
NAME] ,	6.2 NAME	1				
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-7IP				64 CITY - ST					

14. Thereby 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 suppliemental 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 frustee 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:

Le Les Carlos Concertes

3PPI EG WALD

254 884 149

FILED

Apr 30 1998 8:00am

Secretary of State

Dayrine Phone # 045903