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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000041321 (8)

E-Z WAY ACCOUNTING, INC.

Principal Place of Business Mailing Address 6608 WOOD MEADOW LOOP 6608 WOOD MEADOW LOOP **BRADENTON FL 34202-9633 BRADENTON FL 34202** Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 06/02/1994 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0501786 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SUTHERLAND, LAWRENCE R 6608 WOOD MEADOW LOOP 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34202** 83 84 City Zip Code

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. Land accept the obligations of Section 607.0505. Florida Statutes.

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SIGNATURE Signature, typed or partied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TALE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME.	SUTHERLAND, LAWRENCE R	1.2 NAME	
STHEET ADDRESS	6608 WOOD MEADOW LOOP	1.3 STREET ADDRESS	
CitY+ST+7iP	BRADENTON FL 34202	1.4 CITY-ST-ZIP	
TILE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST-ZIF		2 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAMÉ		32 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CHY-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-S1-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	i
CITY-ST-ZIF		54 CITY-ST-ZiP	
EILE	☐ DELETE	6.1 TITLE	Change Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CHY-ST-ZIP		6.4 CITY-ST-ZIP	

I do 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

4-26-97 941-75'3-7090 Date Dayline Proce

FILED

May 05 1997 8:00am

Secretary of State