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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041321 (8)

E-Z WAY ACCOUNTING, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 31 1998 8:00am Secretary of State



| 6808 WOOD MEADOW LOOP<br>BRADENTON FL 34202 |   |   |  | 6808 WOOD MEADOW LOOP<br>BRADENTON FL 34202                        |  |                |                     |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/02/1994 |   |                       |                    |                 |                   |                   |                 |                   |                            |
|---|---|---|--|--|--|----------------|---------------------|--|---|---|-----------------------|--------------------|-----------------|-------------------|-------------------|-----------------|-------------------|----------------------------|
| 2. Principal Place of Business              |   |   |  | 2a. Mailing Address  |  |                |                     |  |   | FEI Nun                                 | ber                   |                    |                 |                   |                   | T               |                   | plied For                  |
| 21 Suite And High                           |   |   |  | 26   |  |                |                     |  |   | 65-0                                    | 50178                 | b                  |                 |                   |                   | 40              |                   | t Applicable               |
| Suite, Apt. #, etc.                         |   |   |  | Suite, Apt. #, etc.  |  |                |                     |  | 5.  | Certifica                               | te of Sta             | tus De             | sired           |                   | ]                 |                 |                   | dditional<br>quired        |
| City & State                                |   |   |  | City & State   |  |                |                     |  | 1 '   | Election<br>Trust Fu                    | •                     | _                  | _               |                   | ב                 |                 |                   | May Be<br>o Fees           |
| Zip<br>24                                   |   | Country<br>25   | 29   | .1   |  |                |                     | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
|   | 9, Name   | and Address of Curr   | ent Registe                                | ered Ägent   |  |                |                     |  | 10.   | Name a                                  | nd Addı               | 988 0              | New I           | Regis             | tered A           | gent            |                   |                            |
| SU  | THERLAND  | , LAWRENCE R  |  |  |  | 81             | N                   | ame  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| 6608 WOOD MEADOW LOOP<br>Bradenton FL 34202 |   |   |  |  |  |                | St                  | reet Addre   | ress (P.  | ess (P.O. Box Number is Not Acceptable) |                       |                    |                 |                   |                   |                 |                   |                            |
| J   |   |   |  |  |  | 83             |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
|   |   |   |  |  |  | 84             | С                   | ity  |   | ·                                       |                       |                    |                 |                   | FL                | 85              | Zip (             | Code                       |
| office or r<br>agent. I a                   | to the provis<br>registered ag<br>im familiar w | sions of Sections 607.0<br>gent, or both, in the Sta<br>ith, and accept the obl | 502 and 60<br>te of Florid<br>igations of, | 7.1508, Florida Statu<br>a. Such change was<br>Section 607.0505, F | utes, the a<br>authorize<br>lorida Sta | above<br>ad by | e-na<br>y the<br>s. | med corporati  | ooration<br>tion's bo   | submits<br>oard of o                    | this sta<br>directors | tement<br>. I here | for the         | e purp<br>cept th | ose of<br>ne appo | chang<br>pintme | ging it<br>ent as | s registered<br>registered |
| SIGNATURE                                   | Signature based                                 | or printed name of registered a   | annot and Isla if                          | anolicable (NC   | )TF: Booister                          | ed And         | ent sic             | nature require   | red when i  | reinstating)                            | <del>.</del>          |                    |                 |                   | DATE              |                 |                   |                            |
| 12.   | Signature, types                                | OFFICERS A  |  |  | 13                                     |                |                     | , alore require  |   | DDITIO                                  | NS/CHAI               | NGES :             | ro of           |                   |                   | DIRE            | CTOR              | S IN 12                    |
| TITLE                                       | P   |   | , the Birico                               | DELETE   |  | TITLE          | -                   | 1  |   |   |                       |                    |                 |                   |                   | CI              |                   | Addition                   |
| NAME  | SIMHES  | RLAND, LAWRENCE   | R  |  | 1                                      | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 | -                 |                            |
| STREET ADDRESS                              |   | OOD MEADOW LOC  |  |  | 1.3                                    | STREET         | [ ADD               | RESS   |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 |   | NTON FL 34202   | •  |  |  | CITY-S         |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| TITLE                                       |   | 1,0,0,0   |  | DELETE   |  | TITLE          |                     |  |   |   |                       |                    |                 |                   |                   | ☐ Ci            | ange              | Addition                   |
| NAME  |   |   |  |  | 2.2                                    | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| STREET ADDRESS                              |   |   |  |  | 2.3                                    | STREET         | GOA 1               | RESS   |   |   |                       |                    | . <del></del> . |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 |   |   |  |  | 2.4                                    | CITY-:         | S1 - ZI             | P  |   |   |                       |                    | *               |                   |                   |                 |                   |                            |
| TITLE                                       |   |   |  | DELETE   | 3.1                                    | TITLE          |                     |  |   |   |                       |                    |                 |                   |                   | C) C)           | ange              | ☐ Addition                 |
| NAME  |   |   |  |  | 3.2                                    | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| STREET ADDRESS                              |   |   |  |  | 3.3                                    | STREET         | T ADD               | RESS   |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 |   |   |  |  | 3.4.                                   | CITY-          | ST-ZI               | P  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| TITLE                                       |   |   |  | ☐ DELETE   | 4.1                                    | TITLE          |                     |  |   |   |                       |                    |                 |                   |                   | ☐ CI            | ange              | Addition                   |
| NAME  |   |   |  |  | 4. 2                                   | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| STREET ADDRESS                              |   |   |  |  | 4.3                                    | STREET         | r add               | ress   |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 |   |   |  |  | 4.4                                    | CITY - S       | ST- ZI              | P  |   |   |                       |                    |                 |                   |                   |                 |                   | F-1                        |
| TITLE                                       |   |   |  | ☐ DELETE   |  | TITLE          |                     |  |   |   |                       |                    |                 |                   |                   | ☐ CI            | nange             | Addition                   |
| NAME  | 1   |   |  |  |  | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| STREET ADDRESS                              |   |   |  |  |  | STREET         |                     | - 1  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 |   |   |  | · · · · · · · <b>/ · · / · · ·</b> · · · · · · · · · · · · ·       |  | CITY-5         | ST - ZI             | P  |   |   |                       |                    |                 |                   |                   |                 |                   | 1                          |
| TITLE                                       |   |   |  | DELETE   |  | TITLE          |                     |  |   |   |                       |                    |                 |                   |                   | L C             | nange             | Addition                   |
| NAME  |   |   |  |  | 6.2                                    | NAME           |                     |  |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| STREET ADDRESS                              |   |   |  |  | 6.3                                    | STAEET         | T ADD               | ress   |   |   |                       |                    |                 |                   |                   |                 |                   |                            |
| CITY-ST-ZIP                                 | L   |   | Luith this fil                             | lina dana nat avalifi  |  | CITY-8         | ST-21               |  | _   |   |                       |                    |                 |                   | <del></del> .     |                 |                   | information                |

indicated on this annual report or supplied with this riting does not quality 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