## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT	#
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2. Principal Place of Business

21

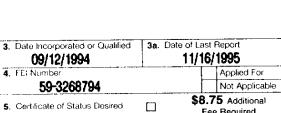
1. Corporation Name

P94000067682 (2)

2a. Mailing Address

## ACCOUNTING AND COMPUTER CONSULTANTS, INC.

Principal Place of Business Maring Address P.O. BOX 4100 2701 NW 23 BLVD APT K-88 GAINESVILLE FL 32613 GAINESVILLE FL 32605



22	Suite. Apt. #, etc		27	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	Country 25	29	Zφ	30	Country		8. This corporation has liability Florida Statutes	or intangible res <b>X</b> No	tax under s 199.032,
	9 Name	e and Address of C	urrent Regi	stered Agent	<del></del>			10. Name and Address of Ne	v Registere	d Agent
			Tana			81	Name			
CHIN, RICK 2701 NW 23 BLVD					82	Street Addr	ess (P.O. Box Number is Not Accep	tabie)		
	APT K-88	.*0				83				
	GAINESVILLE FI	L 32605				84	City			85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

12.	operate typed or prohibite resolves especies a postumitation a OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	Change Add tion
NAME	CHIN, RICK Q		1.2 NAME	
STREET ADDRESS	2701 NW 23 BLVD APT K-88		1.3 STHEET ADDRESS	
CITY-ST ZIP	GAINESVILLE FL 32605		1 4 CITY - ST - ZIP	
TITLE .		□ DELETE	2 1 1171.6	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST ZIF			2.4 CITY - ST - ZIP	
TILE		DEFELE	3 1 1ICLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST ZIP			3.4 CITY - ST - ZiP	
II"LE		□ DELETE	4 1 TITLE	☐ Change ☐ Addition
IAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
DITY-ST ZIF			4.4 City - ST- ZIP	
MLE		☐ DELETE	5 TTILE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEFF ADDRESS	
CHTY - ST - ZIP			5.4 CHY+S1-ZIP	
TITLE		DELETE	G 1 TIILE	Crange Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
n.tv et 2:0			6.4 C-TY - ST - ZIP	

14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this sample report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiver or trustee enipowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 of phased, or on an attarhment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR