SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # **P94000071133 (0)**

1. Corporation Name

AMERICAN ACCOUNTING, INC.

Principal Place of Business	Mailing Address
17001 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162	17001 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0337650 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. [illegible] ☐ **$5.00** May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOCOL, STUART
2011 N.E. 211TH STREET
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] (All registered agent signatures required, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. [illegible]	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	SOCOL, STUART	12 NAME	
03 STREET ADDRESS	2011 N.E. 211TH STREET	13 STREET ADDRESS	
04 CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179	14 CITY, ST, ZIP	
05 TITLE	VD	21 TITLE	☐ Change ☐ Addition
06 NAME	SOCOL, ANDREW	22 NAME	
07 STREET ADDRESS	2011 N.E. 211TH STREET	23 STREET ADDRESS	074
08 CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179	24 CITY, ST, ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY, ST, ZIP		34 CITY, ST, ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY, ST, ZIP		44 CITY, ST, ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY, ST, ZIP		54 CITY, ST, ZIP	
25 TITLE		61 TITLE	☐ Change ☐ Addition
26 NAME		62 NAME	
27 STREET ADDRESS		63 STREET ADDRESS	
28 CITY, ST, ZIP		64 CITY, ST, ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 if changed, or on an attachment with an address.

SIGNATURE: STUART SOCOL 8/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0054513 CP