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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071133 (0)

AMERICAN ACCOUNTING, INC.

Principal Place of Business Mailing Address 17001 N.E. 6TH AVE. 17001 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162-2408 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 65-0557650 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes Zip Country Zip Country Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo SOCOL, STUART 2011 N.E. 211TH STREET **B2** Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33179 83 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 agont, 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DOLLETE Change Addition TITLE 1.1 THLE SOCOL, STUART 1.2 NAME 2011 N.E. 211TH STREET STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP 14 Dily - \$1 - ZIP DELETE Addition Change 21 till ( TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-216 DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 \$1REE1 ADDRESS 4.4 CHIY+ S1- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 HTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP DELETE Change Adotion TITLE G 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. 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 coport 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 convertion or the previous 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.

with Sout 100

**FILED** 

May 12 1997 8:00am

Secretary of State