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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P94(T ACCESS INTERNATION	OOOO7742 DNAL, INC.	23 (9)							
Principal Place	of Business	Mailing Add	Mailing Address				1 103/f001 HO F0111 DF0F1 ODF11 OO			#1646 (1900 (III) 169)
301 BROAD SUITE 403 RIVIERA BE	NAY ACH FL 33404	SUITE 400	301 Broadway Suite 403 Riviera Beach FL 33404 US							
US						 Date Incorporated or Qualified 10/21/1994 	10/21/1994 07/20/199			
2. Principal Pl	ace of Business	2a. Mailing A	2a. Mailing Address 25				4. FEI Number 65-0527433	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	[] \$8.75 Additional Fee Required		
City & State	9	City & S 28	City & State				6. Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees
Zip 24	Country Zip Cour 25 29 30				/		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
Name and Address of Current Registered Agent					T		10. Name and Address of New	Registered A	gent	
						Name				
DIEMER, THOMAS C 301 BROADWAY				82 83		Street Addre	ess (P.O. Box Number is Not Accepta	b'e)		
SUITE 4 RIMERA	103 \ BEACH FL 33404									
((84	1	City		FL	85	Zip Code
or register	to the provisions of Sections 607. red agent, or both, in the State of th, and accept the obligations of,	Florida, Such change	was authorized bi	ne above-i y the corp	na	med corpora ration's board	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of char pointment as	nging regist	its registered office ered agent. I am
SIGNATURE					·					
				13.	nt s	signature required	when reinstating! ADDITIONS/CHANGES TO OF	DATE EICERS AND	DIRE	CTORS IN 12
TITLE	P DELETE			1. 1 TITLE					Chai	
NAME	DIEMER, THOMAS C			1.2 NAME						
STREET ADDRESS	301 BROADWAY, SUITE 403			1.3 STREET	T AI	DORESS				
CHTY-ST-ZIP	-ZIP RIVIERA BEACH FL 33404 12			1.4 CITY - S	1.4 CITY - ST - ZIP					
TITLE	DELETE 2.		2. 1 TITLE	2. 1 TITLE] Chai	nge 🔲 Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	IA T	DDRESS				
CITY-ST-ZIP				2.4 CITY - 9	ST-	ZIP				
TITLE				3. 1 TITLE		ŀ		L.] Char	nge 🔲 Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3. STREE						
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NAME	Ī			9.∠ NAME		ı				

6.4 CITY-ST-ZIP 14. I do hereby cert fy that the information supplied with this filing 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE

5.2 NAME

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY - ST - ZIP

TITLE

NAME

NAME

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4-22-96 407-863-6063

Change

☐ Change

Addition

Addition