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Mailing Address

PROFIT. CORPORATION ANNUAL REPORT

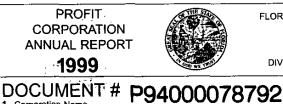
-1999

Principal Place of Business

CITY-ST-ZIP

Block 12 or Block 13 if change

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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05-06-1999 90028 046 ***150.00

Sorporation Name	
MELROSE ACCOUNTING & TAX SERVICE, INC.	

8790 -2 SR 21 PO ROX 1430 MELROSE FL 32666 MELROSE FL 32666 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/24/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3274946 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 17No 24 25 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JONES, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 82 6854 SE 78TH AVE. KEYSTONE HEIGHTS FL 32656 83 85 Zip Code City 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, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1 1 TITLE TITLE JONES, ROBERT M 1.2 NAME NAME PO BOX 1430 (N/A) 1.3 STREET ADDRESS STREET ADDRESS MELROSE FL 32666 1.4 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 Tm F TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. I 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 report or sopplemental 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

on an attachment with an address, with all other like empowered

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR