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

DOCUMENT # **P94000090062 (8)**1. Corporation Name

ASTUTE TAX AND ACCOUNTING, INC.

Principal Place of Business Mailing Address										-	18 14 18 14 1811		
2425 E. COMMERCIAL BLVD. SUITE 301 FT. LAUDERDALE FL 33308 2425 E. COMMERCIAL BL SUITE 301 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308										2 Data incorporated as Qualified	T		
										3. Date Incorporated or Qualified 12/12/1994	3a. Date of Last Report 05/01/1995		
Principal Place of Business 1				2a. Mailing Address 26				-		4. FEI Number 65-0540774			Applied For
Suite, Apt.	#, etc.		2		Suite, Apt. #, etc.				TO MAIL AND ADDRESS OF SEASON AND ADDRESS OF	5. Certificate of Status Desired		\$8.7	Not Applicable 5 Additional
City & State				City & State						6. Election Campaign Financing			Required O May Be
Zip		Country		4	Zip Cou			, Y		1 rust Fund Contribution 8. This corporation has liability for in	ntanoible tay (Adde	ed to Fees
24	o Name	25 and Address of C		9]	and Amount	30]				Florida Statutes 📈 Yes	☐ No		199.032,
	5, 1141110	and riddless of C	Antent De	giste	red Agent		81	Ţ	Name	10. Name and Address of New Re	gistered Ag	ent	
	IZO, FRANI					82]_		ss (P.O. Box Number is Not Acceptable	-7			
	. 37TH AVE WOOD FL 3						83	<u></u>	Olice i wines	is (i. O. Dox normod) is not not propertable	·)		
IIVLLII	100011	33021						ļ					
			137.7.				84	ı	City				ip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the abor registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								nar	med corporati ration's board	ion submits this statement for the purp of directors. I hereby accept the appoi	ose of chang ntrnent as rec	ing its i sistered	registered office diagent. I am
SIGNATURE													
Signaline, typed or printed have of registered apert and tills it epistease. 12. OFFICEFRS AND DIRECTORS						TE Registered Agent signature required 13.			ignature required w		OATE	DE OTA	
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NAME	1 - 11111111111111111111111111111111111							1.2 NAME			_ ·	Mang-	L Addition
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City-St-ZiP HOLLYWOOD FL 33021							1.4 CITY+ST-ZIP		ZIP				
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	certify that t	he information supp	plied with th	is fil n	ig is voluntarily furnis	hed ar	id does	no	ot qualify for the	he exemption stated in Section 119.07	(3)(k) Florida	Ctatut.	an 16 dbs

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 351-7750