FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000017559 (2)**

1. Corporation Name
ACCARDI, REIMER & ASSOCIATES, INC.

Principal Place of Business
11311 NW 39TH PLACE
SUNRISE FL 33323

Mailing Address
11311 NW 39TH PLACE
SUNRISE FL 33323

3. Date Incorporated or Qualified: **03/01/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 651 E. Woolbright Rd
Suite, Apt. #, etc. 22 308E
City & State 23 Boynton Beach, FL
Zip 24 33435 Country 25 USA

2a. Mailing Address
26 651 E. Woolbright Rd
Suite, Apt. #, etc. 27 308E
City & State 28 Boynton Beach, FL
Zip 29 33435 Country 30 USA

4. FEI Number 65-0563217 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
ACCARDI, RUSSELL T
11311 NW 39TH PLACE
SUNRISE FL 33323

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 651 E. Woolbright Rd
83 Apt 308E
84 City Boynton Beach FL 85 Zip Code 33435

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whether filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Michael T. Reimer	1.2 NAME	
STREET ADDRESS	10117 Boynton Place Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33435	1.4 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Russell T. Accardi	2.2 NAME	
STREET ADDRESS	651 E. Woolbright Rd #308E	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33435	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Tracey K. Reimer	3.2 NAME	
STREET ADDRESS	10117 Boynton Place Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33435	3.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Stacey L. Accardi	4.2 NAME	
STREET ADDRESS	651 E. Woolbright Rd #308E	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33435	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	100001873781 ☐ Change ☐ Addition
NAME		5.2 NAME	-06/24/96--01055--017
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	05-01-96 OR

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)(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 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: Tracey Accardi — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/30/96 — Daytime Phone # 407-487-5765

CR2E034 (12/95)