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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

651 E WOOLBRIGHT RD #308-E
BOYNTON BEACH FL 33435
US

Mailing Address

651 E WOOLBRIGHT RD #308-E
BOYNTON BEACH FL 33435-6159
US

3. Date Incorporated or Qualified

03/01/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 7693 Brunson Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 7693 Brunson Cir
Suite, Apt. #, etc.

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
651 E WOOLBRIGHT RD #308-E
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7693 Brunson Circle

84 City

Lake Worth

FL

85 Zip Code

33467

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 fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: RIEMER, MICHAEL T
STREET ADDRESS: 10117 BOYNTON BEACH PLACE CIR
CITY-ST-ZIP: BOYNTON BEACH FL 33435

1.2 TITLE ☐ DELETE

NAME: VP
STREET ADDRESS: ACCARDI, RUSSELL T
CITY-ST-ZIP: 651 E WOOLBRIGHT RD #308-E
BOYNTON BEACH FL 33435

1.3 TITLE ☐ DELETE

NAME: REIMER, TRACEY K
STREET ADDRESS: 10117 BOYNTON BEACH PLACE CIR
CITY-ST-ZIP: BOYNTON BEACH FL 33435

1.4 TITLE ☐ DELETE

NAME: T
STREET ADDRESS: ACCARDI, STACEY L
CITY-ST-ZIP: 651 E WOOLBRIGHT RD #308-E
BOYNTON BEACH FL 33435

1.5 TITLE ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

1.6 TITLE ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

1.7 TITLE ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

1.8 TITLE ☐ DELETE

NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME: Reimer, Michael T.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Stacey L. Accardi Stacey L. Accardi

1/24/97

561-487-5765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0320017

CR2E034 (9/96)