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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P95000024416 (6)

T-ACCOUNTS, INC.

Mailing Address

CIO 9022 CAVIOTA DD

Principal Place of Business

CAD 3632 GAMOTA DD



| 21 1488 QUAIL LAKE DRIVE 26 P.O. BOX 3906 59-3305207 Not Applice Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition Fee Required City & State 6. Election Campaign Financing \$5.00 May But | | FL 33573-6702 | SUN CITY FL 3357 | | | | | | |
|--|---------------------------------|---|--|-------------------------------------|-------------------------------|---|----------------------------------|----------------------------------|--|
| 1488 QUAIL LAKE DRIVE 20 P.O. BOX 3906 | | | | | | 3. Date Incorporated or Qualified 3a. Date of 03/27/1995 | | Last Report | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | 2. Principal Place | ice of Business | 2a. Mailing Address | | | 4. FEI Number | -1 | Applied For | |
| City & State City | 21 1488 QU | UAIL LAKE DRIVE | 26 P.O. BOX 39 | 906 | | 59-3305207 | | Not Applica | |
| VENICE, FL 26 VENICE, FL 26 VENICE, FL 26 VENICE, FL 270 Country 270 Cou | — '' | i, etc. | · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired | | \$8.75 Additiona Fee Required | |
| 28 34293 | | | | | | , , | | \$5.00 May Be Added to Fees | |
| MCCARRON, PHILIP G | | | L | jan. 1. 1. | • | | * | nder s 199.032, | |
| MCCARRON, PHILIP G ***BRECORRANDTANDEX** ***BHINX XIDYARIX SISTEMS** ***SECORRANDTANDEX** ***SHINX XIDYARIX SISTEMS** ***SHINX XIDYARIX SISTE | | g, Name and Address of Curre | | | | 10. Name and Address of New R | egistered Ag | ent | |
| SIGNATURE Symbol by Tribute The provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. It | | | | 8 | 1 Name | | | | |
| BHNXXBYXXBSTXBYR2 B3 | | | | 8: | 2 Street Add | ress (P.O. Box Number is Not Acceptab | ile) | | |
| 11. Pursuant to the provisions of Sections 607.0502 and €07.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I standard with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or preterior for original research agent and alter it is a special standard with an analysis of preterior or original research agent. I standard accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or preterior for original research agent and alter it is a special standard agent and accept the obligations of, Section 607.0505, Florida Statutes. Signature, speed or preterior for original research agent. I standard agent are required when reinstalling. DATE | | | | 8 | 3 | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and €07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. If a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: Typed or preted name of registered agent and life if all placetics. (NOTE: Registered Agent signature required when reinstalling). DATE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 1.1 TITLE PRESIDENT DELETE 1.1 TITLE PRESIDENT DELETE 1.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS 14 K CITY-SI-2IP TITLE 1.3 STREET ADDRESS CITY-SI-2IP TITLE DELETE 3.1 TITLE Change Add Add Add Add Add Add Add Add Add Ad | | | | 8 | 4 City | | FI | 85 Zip Code 34293 | |
| SIGNATURE Signature, typed or pit tech name of registered agent and telle if applicable. PRESIDENT DELETE 1.1 TILE DELETE 1.2 NAME | 11. Pursuant to or registere | o the provisions of Sections 607.050 ed agent, or both, in the State of Flor | 02 and €07.1508, Florida State rida. Such change was author | utes, the above rized by the cor | named corpo poration's boa | ration submits this statement for the pur ard of directors. I hereby accept the appo | pose of chang ointment as rec | | |
| 12. | | h, and accept the obligations of, Sec | ction 607.0505, Florida Statute | es. | | | | | |
| TITLE | 5 | | | | ent signature require | | | | |
| NAME | | | | | | ADDITIONS/CHANGES TO OFF | | | |
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| CITY-ST-ZIP VENICE, FL 34293 | NAME | PHILIP G MCCARRON | | | | | | | |
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| CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 16. 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 furth | | | | | | | | | |

recomercity certify that the information supplied with this filling is voluntarily turnished 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 to hanged, or on an attachment with an address.

SIGNATURE: