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PROFIT CORPORATION ANNUAL REPORT

1998

Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029825 (3)

ACCUDATA FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 11842 CEDARFIELD DR 11842 CEDARFIELD DR RIVERVIEW FL 33569 RIVERVIEW FL 33569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3311018 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name SOROTA, JOSEPH J JR 28100 US HWY 19 N Street Address (P.O. Box Number is Not Acceptable) SUITE 504 83 CLE**AR**WATER FL 34621 84 Zip Code 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 priction name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE MCKEMY, ROBERT L JR NAME 1.2 NAME 11842 CEDARFIELD DR STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 TITLE MCKEMY, FRANCES M NAME 2.2 NAME 11842 CEDARFIELD DR STREET ADDRESS 2.3 STREET ADDRESS **RIVERVIEW FL 33589** CITY-ST-ZIP 2 4 City - St - ZiP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE 61 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 by 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 propriation or the receiver or fustos empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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an address

C17 171 MM

**FILED** 

May 05 1998 8:00am

Secretary of State