

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000029860 (0)
1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL ACCOUNTANTS, INC.



Principal Place of Business: 19221 N.W. 12TH ST. PEMBROKE PINES FL 33029
Mailing Address: 19221 N.W. 12TH ST. PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report

2. Principal Place of Business: 21 160 NW 176 ST. Suite, Apt. #, etc: 22 202-1 City & State: 23 MIAMI, FL Zip: 24 33169 Country: 25 USA
2a. Mailing Address: 26 160 NW 176 ST Suite, Apt. #, etc: 27 202-1 City & State: 28 MIAMI, FL Zip: 29 33169 Country: 30 USA

4. FEI Number: 65-0572822 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: VERRET, MICHAEL R 19221 N.W. 12TH ST. PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent: 81 Name: VERRET, MICHAEL R. 82 Street Address (P.O. Box Number is Not Acceptable): 160 NW 176 ST 83 SUITE 202-1 84 City: MIAMI FL 85 Zip Code: 33169

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: *Michael R. Verret* DATE: JUNE 1, 1996

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	VERRET, MICHAEL R	
STREET ADDRESS	% 19221 N.W. 12TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
11 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	VERRET, MICHAEL R		
13 STREET ADDRESS	160 NW 176 ST. SUITE 202-1		
14 CITY-ST-ZIP	MIAMI, FL. 33169		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael R. Verret* DATE: JUNE 1, 96 205-999-9780

CR2E034 (3/96)