FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

P95000037651 (3)

BARNETT ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address									)  <b> </b>				
110 UNIVERSITY PARK DRIVE 110 UNIV #220 #220					iiversity park drive R Park FL 32792								
									3. Date Incorpora 05/10/1		3a. Dat	e of Last	Report
2. Principal P	lace of Busine	oss	F	2a. Mailing Address 26				4. FEI Number			T	Applied For	
Suite, Apt.	# oto	Note Ant A al-			59-33	19036			Not Applicable				
22			27						5. Certificate of S	tatus Desired			5 Additional Required
City & State			F	City & State					6. Election Camp			\$5.0	OO May Be
Zip	rip Country					Country			Trust Fund Co				ed to Fees
24		25	29	**	30		i		8. This corporation has liability for intangible tax under s 199,032, Florida Statutes    ✓ Yes   No				
	9, Name	red Agent					10. Name and Ad	<del>-</del>		Agent			
						81	N	ame				· · - · · · · · · · · · · · · · · · · ·	
BARNETT, STEPHEN D 110 UNIVERSITY PARK DRIVE						82	S	treet Add	ress (P.O. Box Number is Not Acceptable)				
#220						83							
WINTER PARK FL 32792						84	0	ity			· · · · · · · · · · · · · · · · · · ·	lor! 3	
44.5							-	•			FL		lip Code
						ve-n	nam orat	ed corpor tion's boat	ration submits this stat rd of directors. I hereb	ement for the pu	rpose of ch	anging its	registered office
Carrintal VII	th, and accep	of the obligations of,	Section 607.05	05, Florida Statutes.	,	,				, 43000, 1110 000	ionici noric di	, registere	o agont. I am
SIGNATURE	Signature, typed o	or printed name of registered	agent and tile it ago	Rabie (NO)	The Registered	Anne	d sign	nation require	d when reinstating)				
12.			AND DIRECTO	**	13.	- g.,,	7 3/9	atoric redoris		HANGES TO OFF	DATE ICE BS ANI	DIBLCT	ORS IN 12
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NAME	• • • • • • • • • • • • • • • • • • • •			***		Μŝ							
STREET ADDRESS 110 UNIVERSITY PARK DE WINTER PARK FL 32792				RIVE #220			1.3 STREET ADDRESS						
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CITY-SI-2IF

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 cath; that I am an officer or director of the comporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(40)679-5000 Daytine Phone #

CR2E034 (12/95)