FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000039562 (0)

ACCOUNTING SOFTWARE CONSULTANTS, INC.

FILED Apr 27 1998 8:00am Secretary of State



<u></u>						
Principal Place of Business Mailing Address					r saarraar 110 total aren aasti aatit aatit 36160 tille 1818 1818 Elile Elile (191 188)	
8695 COLLEGE PKWY 8695 COLLEGE PKWY						
SUITE 222	55444 4444	SUITE 222			DO NOT WRITE IN THIS SPACE	
FT MYERS FL	. 33919-4890	FT MYERS FL 33919-4890			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			05/17/1995	
				4. FEI Number Applied For		
Suite, Apt. #, etc		Suite Act # etc			65-0582265 Not Applicable	
22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
City & State	0	City & State			Fee Required	
_ `	6	 1 '			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28	0		Trust Fund Contribution Added to Fees	
<u> </u>		Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre		ю]		Personal Property Tax due June 30. Yes No	
		int Negistered Agent	81	Name	10. Name and Address of New Registered Agent	
	ED, JOHN C		01	Name		
234	I SW 36TH TER		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
CAI	PE CORAL FL 33914		83	ļ		
			2			
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	e-named cor	rporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obte	e of Florida. Such change was au nations of Section 607 0505. Flori	thorized by	y the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE		gament of, bedater our leader, rions	ou oluloio	φ.		
SIGNATORE	Signature typed or printed name of registered ac	gent and little if applicable [NOTE: I	Registered Ap	ant signature requi	uired when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	REED, JOHN C.		1.2 NAME			
STREET ADDRESS	234 SW 36TH TERRACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - S	ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	REED, KAREN J		2.2 NAME			
STREET ADDRESS	234 SW 36TH TERRACE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-			
TITLE		DELETE	3.1 TITLE	J) EN	Change Addition	
NAME		 -	3.2 NAME	}		
STREET ADDRESS			3.3 STREET	Annaece		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE	oi - Zir	Change Addition	
NAME		- Deteri	4.2 NAME		Change Addition	
STREET ADDRESS				1000100		
			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	T-ZIP		
J		F"] DECEME	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY - ST - ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		

14. I 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:

Monel Wante

4-20-90.