FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000044666 (2)

1. Corporation Name

ACCENT REPORTING SERVICE, INC.

Principal Place of Business
4055 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
4055 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

2. Principal Place of Business
21
22 Suite, Apt. #, etc. 20
23 City & State
24 Zip
25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc. 20
City & State
28
29 Zip
30 County

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report
4. FEI Number: 650587849 — 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. The corporation [illegible] Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, [illegible]

SIGNATURE: *David K. Oaks*

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RIESER, SANDRA L	
STREET ADDRESS	P O BOX 150154	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	SD	[✓] DELETE
NAME	BURRELL, JACKIE	
STREET ADDRESS	820 CANTON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	TD	[ ] DELETE
NAME	ZURA, DIANE	
STREET ADDRESS	809 S E 33 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3341 South Road North Fort Myers, FL 33917	[ ] Change [ ] Addition
2) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
3) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D	[ ] Change [✓] Addition
4) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
5) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
6) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: *Diane E. Zura* Diane E. Zura — 4/1/96 — 941-624-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)