FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CHANGE OF Address ONLY

PROFIT CORPORATION ANNUAL REPORT
1997

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

DATE EFFECTIVE CHANGE OF ADDRESS
Sep 10, 1997

DOCUMENT # **P95000047629 (7)**

1. Corporation Name
ACCESS CAPITAL CENTER, INC.

Principal Place of Business	Mailing Address
237 S. WESTMONTE, SUITE 211 ALTAMONTE SPRINGS FL 32714	237 S. WESTMONTE, SUITE 211 ALTAMONTE SPRINGS FL 32714-4263

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 10/14/1996

2. Principal Place of Business	2a. Mailing Address
21 925 W. State Road 434	26 same
Suite, Apt. #, etc. 22 Winter Springs, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 32708 / 25 Seminole	Zip / Country 29 / 30

4. FEI Number: 59-3320718 ☐ 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	10. Name and Address of New Registered Agent
HOOSAIN, GOOLAM ~~251 MAITLAND AVE, SUITE 100~~ ~~ALTAMONTE SPRINGS FL 32701~~ 925 W. S. R. 434 Winter Springs, FL 32708	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 237 S. WESTMONT DRIVE SUITE211 83 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name(s) is(are) changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOOSAIN, GOOLAM ~~237 S. WESTMONTE, SUITE 211~~ ~~ALTAMONTE SPRINGS FL 32714~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Hoosain, Goolam 925 W. State Road 434 Winter Springs, FL 32708	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

NO

14. I do 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: SIGNATURE REQUIRED GOOLAM HOOSAIN 1/22/97 407--786-4996
Signature of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes Date Daytime Phone #