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 # P95000071578 (5)

ACCOUNTING SYSTEMS TECHNOLOGY, INC.

FILED
May 05 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						M BASIC BEIN IND	41 STABL AITH TAG	AT 1861 1861
1025 S. SEMORAN BLVD. SUITE 1088 WINTER PARK FL 32792		1025 S. SEMORAN BLVI SUITE 1066 WINTER PARK FL 32792			DO NOT W	RITE IN TH IS	SPACE	
THE COURT	TC WINCE	WHITE THE TELEFOR			3. Date Incorporated or Qualif	ed		
					09/13/1995			
	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21	4 +1-	26 Suita Ant # ata			59-3356859			ot Applicable
Suite, Apt.	#, G IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗆	\$8.75 A	
City & State		City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	ຶ 🗆	Added t	•
Zip	Country	Ζιρ	Zip Country		8. This corporation owes or has paid the current year Intangible			
24			30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent] No
	9. Name and Address of Cu	rrent Registered Agent	81	Name /	10. Name and Address of Nev	/ Hegistered	Agent	
	CARPE, LUCILLE			K	on Vacaine			
	O CONROY RD.		82	Street Addre	ess (P.O. Box Numbers Not Acce	ptable)		
	. 1415 .ANDO FL 32811		83		<u> </u>	·	***	
UNI	ANDO FL 32011			191	2 Water Lan	e		
			84	City #/	la Hand	FL	85 Zip (Code 2 <i>75</i> /
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the above	named corp	oration submits this statement for	the numnee	of changing it	s registered
office or re agent. I a	egistered agent, or both, in the S m familiar with, and accould the c	State of Florida. Such change was Higations of, Section 607.0505, F	authorized by Torida Statutes	the corporati	ion's board of directors. I hereby a			registerea
SIGNATURE	Kondhum	-				4-27	-98	
	Signature, typed or printed name of registers	d agent and title if applicable (NC	IL Registered Ager	it signature require		DATE		
12. TITLE	PVTS	AND DIRECTORS DELETE	13. 1,1 TITLE	P	ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
NAME	DUCARPE, RON		1.2 NAME	10	Lucine Con		en onango	
STREET ADDRESS	1259 MARINA PT. #103		1.3 STREET	ADDRESS 19	172 Water Lane			
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CiTY-ST-ZiP		ucurge, lon 172 Water Lane HAIHland, FC 32	751		
TITLE	,	☐ DELETE	2.1 TITLE			-	Change	☐ Addition
NAME		221						
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP	·····			
TITLE			3.1 TITLE				☐ Change	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S 4.1 TITLE	1-ZIP			Change	Addition
NAME		LJ otter	4. 2 NAME				Change	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- ST					
TITLE		☐ DEL ete	5.1 THE				☐ Change	☐ Addition
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY+ST-ZIP			5.4 CITY- ST	- ZIP	<u> </u>			
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME	i' .		6.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.3 STREET					
CETY-ST-7IP			6.4 CITY - ST	- 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 attrict ment with an address.

(27.98 (VAZI ZZOZ