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

Mailing Address

5900 JOHNSON ST.

HOLLYWOOD FL 33021-5838

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

5900 JOHNSON ST. HOLLYWOOD FL 33021-5638

CITY - ST - ZI-

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TITLE

NAME

DOCUMENT # P95000084304 (1)

ACCESS SYSTEMS OF FLORIDA, INC.

PEMBROKE PINES FL 33024

05/01/1996 11/03/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0626630 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country This corporation has liability for intangible tay under s. 199.032, Zipi Country Yes 🔽 29 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CARUSI, DANIEL S ESO. **B1** Name 517 SW PHBSE AVENUE **B2** Street A FORT LAUDERDALE EL 33301 83 Zip Code 3802 84 City wood 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 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 farpular with, and accopt the obligations of Section 607.0505, Florida Statutes. SIGNATURE d name of ray stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change THILE DELETE 1.1 TITLE NAHUMCK, RUSSELL G 1.2 NAME **CR2E034** NAME 7840 NW 10TH STREET 1.3 STREET ADDRESS STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

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2.1 TITLE 2.2 NAME

3.1 TITLE 3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

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DELETE 6.1 TITLE ☐ Change HILF 6.2 NAME NAME 6.3 STREET ADDRESS ISTREET ADDRESS 6.4 CITY-ST-ZIP 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

X 4-28-97 Daytime Phone #

Addition

Addition

Addition

Addition

Addition

☐ Change

Change

Change

Change

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified