

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084614 (3)

1. Corporation Name

AUDITING, BOOKEEPING & CONSULTING, INC.



Principal Place of Business 3114 SOUTH OCEAN BOULEVARD, UNIT 703 HIGHLAND BEACH FL 33487	Mailing Address 3114 SOUTH OCEAN BOULEVARD, UNIT 703 HIGHLAND BEACH FL 33487-2531
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21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a 2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3 3. Date Incorporated or Qualified 11/03/1995	3a 3a. Date of Last Report 04/02/1996
4 4. FEI Number 65-0618837	Applied For Not Applicable
5 5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9 9. Name and Address of Current Registered Agent DEMARTIN, DENNIS 9114 SOUTH OCEAN BLVD SUITE 703 HIGHLAND BEACH FL 33487	10 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD <input type="checkbox"/> DELETE NAME DEMARTIN, DENNIS STREET ADDRESS 3114 SOUTH OCEAN BOULEVARD, UNIT 703 CITY-ST-ZIP HIGHLAND BEACH FL 33487	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE VSD <input type="checkbox"/> DELETE NAME DEMARTIN, LILLIAN COURT STREET ADDRESS 3114 SOUTH OCEAN BOULEVARD, UNIT 703 CITY-ST-ZIP HIGHLAND BEACH FL 33487	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis DeMartin* **1/2/97** **561** **266-0084**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)