

5-1-97 BLOYD C  
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 May 01 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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



DOCUMENT # P95000085725 (6)  
 1. Corporation Name  
 ACCUBOOK, INC.

Principal Place of Business: 13211 SW 14TH PL. DAVIE FL 33325-5722  
 Mailing Address: 13211 SW 14TH PL. DAVIE FL 33325-5722

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/01/1996	01/01/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0638897	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BENEFELD, BRUCE J ESO. 7800 W. OAKLAND PARK BLVD., STE. #109 SUNRISE FL 33351				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
				Maria A. Florian 13211 SW 14th Place Davie FL 33325	
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: <i>Maria A. Florian</i>				DATE: 4/15/97	
Typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	FLORIAN, MARIA A	1.2 NAME	Maria A. Florian
STREET ADDRESS	13211 SW 14TH PL.	1.3 STREET ADDRESS	13211 SW 14th Pl
CITY- ST- ZIP	DAVIE FL 33325-5722	1.4 CITY- ST- ZIP	Davie FL 33325-5722
	<input type="checkbox"/> DELETE	2.1 TITLE	
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY- ST- ZIP	
CITY- ST- ZIP		3.1 TITLE	
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY- ST- ZIP	
STREET ADDRESS		4.1 TITLE	
CITY- ST- ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY- ST- ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria A. Florian* 4/15/97 954 370 0906  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)