

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

FILED
May 30 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 # P96000006303 (7)

1. Corporation Name
ACCORD CONSULTING, INC.



Principal Place of Business 1025 GULWYN DRIVE 2302 Brookwood Place CANTONMENT FL 32533	Mailing Address 1025 GULWYN DRIVE 2302 Brookwood Place CANTONMENT FL 32533-6814
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2302 Brookwood Place 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 2302 Brookwood Place 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 01/17/1996 3a. Date of Last Report This is First! 4. FEI Number 59-3355015 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent DIGIROLAMO, MARIA 1025 GULWYN DRIVE 2302 Brookwood Pl. CANTONMENT FL 32533	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2302 Brookwood Place 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  DATE 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS TITLE Pres. NAME Maria DiGirolamo STREET ADDRESS 2302 Brookwood Pl. CITY-ST-ZIP Cantonment FL 32533 [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP \$165.00 Bamm
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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  DATE 4/30/97

CR2E034 (9/96)