

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000014600 (6)**

1. Corporation Name
ACCOUNTAX NETWORK, P.A.



Principal Place of Business	Mailing Address
2075 NO. DIXIE HIGHWAY POMPANO BEACH FL 33060 2310 N.W. 3 AVE., SUITE 2 POMPANO BEACH, FL 33060	2075 NO. DIXIE HIGHWAY POMPANO BEACH FL 33060 SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/15/1996	65-0637039	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABBATINO, JULES J
~~2075 NO. DIXIE HIGHWAY~~
~~POMPANO BEACH FL 33060~~
2310 N.W. 3 AVE., SUITE 2
POMPANO BEACH, FL 33060

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature: Type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SABBATINO, JULES J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABBATINO, JULES J	1.2 NAME	2310 N.W. 3 AVE., SUITE 2
STREET ADDRESS	2075 NO. DIXIE HIGHWAY	1.3 STREET ADDRESS	POMPANO BEACH, FL 33060
CITY - ST - ZIP	POMPANO BEACH FL 33060	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	THORNE, LAURA S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, LAURA S	2.2 NAME	13229 S.W. 95 AVE.
STREET ADDRESS	10073 SW 77TH COURT	2.3 STREET ADDRESS	MIAMI, FL 33176
CITY - ST - ZIP	MIAMI FL 33158	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 attachment with an address.

CR2E034 (10/97)