

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017603 (7)

1. Corporation Name  
ACCURATE SERVICES, CORP.

Principal Place of Business  
1750 E. COMMERCIAL BOULEVARD  
FT. LAUDERDALE FL 33334

Mailing Address  
1750 E. COMMERCIAL BOULEVARD  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1996	4. FEI Number 65-0655921	Applied For <input checked="" type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent HUNTER, E.T. ESQUIRE 1930 TYLER STREET HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent
31 Name	
32 Street Address (P.O. Box Number is Not Acceptable)	
33	
34 City	FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as a duly authorized officer or director of the corporation, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistatng))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1	1.1
STREET ADDRESS	1407 NE 56TH STREET, UNIT 202	1.2	1.2
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.3	1.3
TITLE	NAME	2.1	2.1
STREET ADDRESS		2.2	2.2
CITY-ST-ZIP		2.3	2.3
TITLE	NAME	3.1	3.1
STREET ADDRESS		3.2	3.2
CITY-ST-ZIP		3.3	3.3
TITLE	NAME	4.1	4.1
STREET ADDRESS		4.2	4.2
CITY-ST-ZIP		4.3	4.3
TITLE	NAME	5.1	5.1
STREET ADDRESS		5.2	5.2
CITY-ST-ZIP		5.3	5.3
TITLE	NAME	6.1	6.1
STREET ADDRESS		6.2	6.2
CITY-ST-ZIP		6.3	6.3

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 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: Steve Lambert DATE: 1-5-97 DAYTIME PHONE: 954-772-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)