

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

APPROVED  
AND  
FILED

99 AUG 30 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *PA0000017603*

1. Corporation Name

*Accurate Services Corp.*

Principal Place of Business

Mailing Address

*Broward County*

*1729 E. Commercial Blvd.  
Ft. Laud. FL. 33334*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*2-27-96*

2. Principal Place of Business

21 *Broward County*

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 *33334* 25 *Broward*

2a. Mailing Address

26 *1729 E. Commercial Blvd.*

Suite, Apt. #, etc.

27 City & State

28 *Ft. Laud. FL.*

29 Zip Country

30 *Broward*

4. FEI Number

*650655921*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Steve Lambert  
1407 NE 56 St. #202  
Ft. Laud. FL. 33334*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE

NAME *Steve Lambert*  
STREET ADDRESS *1407 NE 56 St. #202*  
CITY-ST-ZIP *Ft. Laud. FL. 33334*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *Vice President* ☐ Change ☒ Addition

1.2 NAME *Jeff Post*  
1.3 STREET ADDRESS *1368 Sequiew*  
1.4 CITY-ST-ZIP *North Lauderdale FL. 33068*

2.1 TITLE *Secretary* ☐ Change ☒ Addition

2.2 NAME *Madeline Post*  
2.3 STREET ADDRESS *1368 Sequiew*  
2.4 CITY-ST-ZIP *North Lauderdale FL. 33068*

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*800002978819-8*

*-09/03/99--01091--031*

*\*\*\*\*\*61.25 \*\*\*\*\*61.25*

*8-31-99*

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steve Lambert* *Steve Lambert*

*8-25-99*

Date

*954-491-8208*

Daytime Phone

CR2E034 (11/98)