SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	1997		THE PARTY NAMED IN	DIVISION OF	CORPOR	ATiC	ONS			
DOCUMENT # P9600023366 (3) A & D BOOKKEEPING, INC.									-	
Principal Place of Business Mailing Address										
725 N. HWY				5 N. HWY, A1A						
SUITE C-202	!		Si	ITE C-202				•		
JUPITER FL 33477				JUPITER FL 33477				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
									ort	
2. Principal P	lace of Busi	iness	2a. N	2a. Mailing Address				4. FEI Number Applie	ed For	
21			26	26				-	pplicable	
Suite, Apt. #, etc.			ļ	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip		Country	28	Zip	Cai	intry		8. This corporation owes or has paid the current year Intang		
24	25		29	F-1				Personal Property Tax due June 30. Yes No		
		e and Address of Cu	rrent Registe	red Agent				10. Name and Address of New Registered Agent		
	omberg, .					81	Name			
626 S.E. 4TH ST.						82	Street Add	dress (P.O. Box Number is Not Acceptable)		
B	DANION B	BEACH FL 33435				83	9			
						63				
						84	City	FL 85 Zip Cod	ie	
11. Pursuant	to the provi	sions of Sections 607	.0502 and 607	'.1508, Florida Statu	rtes, the a	bove	e-named cor		aistered	
office or I	registered a	gent, or both, in the S	tate of Florida	Such change was	authorize	d by	the corpora	poration submits this statement for the purpose of changing its reation's board of directors. I hereby accept the appointment as reg	istered	
SIGNATURE	···· ·································	nan and accept the c	enganono or, c	300000001.83300,7	10.100 010	10100				
	Signature type	d or printed name of registero				d Age	int signature requ	uired when reinstating) DATE.		
12.	D	OFFICERS	AND DIRECT	ORS DELETE	13.	7.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12 Addition	
TITLE NAME	_	R, DIANA M		[] VECEIE	1.1 TI 1.2 N			L. Change L.	_J AUUIIIOII	
STREET ADDRESS		. HWY. A1A, STE. (C-202				ADDRESS			
CITY-ST-ZIP		R FL 33477				ITY-S	1			
TITLE				DELETE	2.1 TI			☐ Change	Addition	
NAME					2.2 N	AME				
STREET ADDRESS					2.3 \$	TREE1	ADDRESS			
CITY-ST-ZIP		·			2.40	ITY-S	ST-ZIP			
TITLE				☐ DELETE	3.1 71			L] Change L	Addition	
NAME					3.2 N					
STREET ADDRESS	ĺ						ADDRESS			
CITY-ST-ZIP TITLE				DELETE	3.4. U		ST-ZIP	☐ Change	Addition	
NAME					4.21		1			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	<u> </u>					TY-S				
TITLE				DELETE	5.1 T			☐ Change ☐	Addition	
NAME	 				5.2 N	AME	-			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	<u> </u>			- Contract		ITY-S	T-ZIP		A approximation	
TITLE				DELETE	6.1 TI			☐ Change ☐	Addition	
NAME					6.2 N					
STREET ADDRESS					6.3 S	TREET	ADDRESS]			

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.