

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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000034105 (2)
1. Corporation Name
ACCURATE COMPUTER SOLUTIONS, INC.



Principal Place of Business 4111 LAND O' LAKES BLVD. SUITE 303-J LAND O' LAKES FL 34639	Mailing Address 4111 LAND O' LAKES BLVD. SUITE 303-J LAND O' LAKES FL 34639-4400
---	--

3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report
4. FEI Number 59-3377401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4542 West Villiage Dr. Suite, Apt. #, etc. 22 Suite D City & State 23 Tampa, FL Zip 24 33624	2a. Mailing Address 26 13014 N. Dale Mabry Hwy Suite, Apt. #, etc. 27 526 City & State 28 Tampa, FL Zip 29 33618	Country 25 USA	Country 30 USA
---	---	--------------------------	--------------------------

9. Name and Address of Current Registered Agent
**FERRARO, RICHARD
4111 LAND O' LAKES BLVD.
SUITE 303-J
LAND O' LAKES FL 34639**

10. Name and Address of New Registered Agent

81 Name Ferraro, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 4542 West Villiage Dr.
83 Suite D
84 City Tampa
85 Zip Code FL 33624

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] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME FERRARO, RICHARD	
STREET ADDRESS 4111 LAND O'LAKES BLVD SUITE 303-J	
CITY-ST-ZIP LAND O' LAKES FL 34639	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ferraro, Richard	
1.3 STREET ADDRESS 4542 West Villiage Dr Suite D	
1.4 CITY-ST-ZIP Tampa FL 33624	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone # _____

CPRE034 (9/96)