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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047163 (6)

MANAGEMENT ACCOUNTANTS, INC

WEST PALM BEACH FL 33416				WEST PALM BEACH FL 33416				- [						
									DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified					
					· <u></u>				05/28/1996			<del></del>		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			$\vdash$	Applied	
21				[26]					65-06781	48			Not App	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of St	atus Desired		+ • • •	5 Additio Required	
City & State				City & State					6. Election Campa	ion Financino			00 May I	
23			28						Trust Fund Con				ed to Fee	
Zip		Country		Žip	Co	untry	,		8. This corporation	owes or has p	aid the cu	rrent year	Intangibi	ie –
24		25	29		30				Personal Prope			Yes	□ No	
		and Address of Curr	ent Registe	ered Agent			1	<del></del>	10. Name and Add	Iress of New R	egistered	Agent		
		EODORE T				81	Name							
		JTH DRIVE		<b>82</b> Str			Street	t Address (P.O. Box Number is Not Acceptable)						
WE	ST PALM I	BEACH FL 33416				83								
						03								
						84	City				FL	<b>65</b> Z	ip Code	
11. Pursuant to	o the provis	ions of Sections 607.0!	.02 and 60	7.1508. Florida Stat	utes, the a	abovi	l e-named	Corpora	ation submits this st	atement for the			a its reai	stered
office or re	egi <b>ste</b> red ag	ent, or both, in the States, and accept the obli	te of Florida	a. Such chan <b>ce wa</b> :	s authoriza	ed by	v the cor	poration	's board of director	s. I hereby acce	pt the app	ointment	as regist	lored
	n <b>ra</b> miliai wi	in, and accept the Obi	gations or,	560000 607,0505,	rionua Sia	atutes	S.							
SIGNATURE	Signature, typed	or printed name of registered a	gent and file if	applicable (N	OTE Register	ed Ape	oni signalure	e required v	when reinstaling)		DATE			
12.		OFFICERS A	ND DIREC		13.			·	ADDITIONS/CHA	NGES TO OFFI	CERS AND	D DIRECT	ORS IN 1	12
TITLE	P	······································		DELETE	1.1 ]	TITLE						☐ Chang	je 🔲 /	Addition
NAME	BROOD	ie, theodore			1.21	NAME		1						
STREET ADDRESS	2694 YA	rmouth drive			1.3 \$	STREET	ADDRESS							
CITY-ST-ZIP	WEST P	ALM BEACH FL 334	116		1.4 0	CITY-S	iT-ZIP	ĺ						
TITLE				DELETE	2.1 7	TITLE						Chang	je 🔲 /	Addition
NAME					2.21	NAME		1						
STREET ADDRESS					2.3 3	STREET	ADDRESS	1						
CITY-ST-ZIP					2.4	CITY-S	ST - 2(P	L						
TITLE				DELETE	3.1 3	TITLE						Chang	e 🗆 /	Addition
NAME					3.2 /	NAME								
STREET ADDRESS					3.3 5	STREE1	ADDRESS							
CITY-ST-ZIP					3 4.	CITY-S	ST-ZIP							
TITLE				☐ DELETE	417	TITLE						Chang	je 🔲 7	Addition
NAME					4 2	NAME		·						
STREET ADDRESS					4.3 5	STREET	ADDRESS	ĺ						
CITY-ST-ZIP		_			4.4 (	CITY-S	ST - ZIP							
TITLE				DELETE	5.11	TITLE						Chang	е 🔲 7	Addition
NAME					5.21	NAME								
STREET ADDRESS					5.3 9	STREET	ADDRESS							
CITY-ST-Z#P					5.4 (	CITY-S	T-ZIP							
TITLE				DELETE	6.1 7	TITLE						Chang	e 🔲 /	Addition
NAME					6.21	NAME								
STREET ADDRESS					6.3 5	STREET	ADDRESS							
CITY-ST-ZIP						CITY - S		<u> </u>						
14. Thereby or	ertify that the	e information supplied al report or supplemen	with this file	ing does not qualify	for the ex	emp	tion state	ed in Se	ction 119.07(3)(i), F	lorida Statutes.	further ce	artify that t	he inform	nation
officer or o	director of th	e corporation or the re-	ceiver or tr	ustee empowered t	o execute	this	report as	s require	ed by Chapter 607,	Florida Statutes;	and that	my name	appears	in
CIGNATI	IIDE. T	changed, or on an all	RIS	bo D/E				-	7 41	18/0R	561	- 790	- 653	37