

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048165 (0)

1. Corporation Name

MEK ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

20775 SALIDA TERRACE  
BOCA RATON FL 33433

20775 SALIDA TERRACE  
BOCA RATON FL 33433

2. Principal Place of Business

21 7401 ESTRELLA CIR

28a. Mailing Address

26 7401 ESTRELLA CIR

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22

27

City & State

23 Boca Raton FL

28 City & State

28 Boca Raton

Zip

24 33433-1628

25 PB

29 Zip

29 33433-1628

30 County

30 PB

9. Name and Address of Current Registered Agent

KAUFFMAN, MARTIN E  
20775 SALIDA TERRACE  
BOCA RATON FL 33433 -1628

81 Name

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

7401 ESTRELLA CIRCLE

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 resinating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	KAUFFMAN, MARTIN E		1.2 NAME
STREET ADDRESS	20775 SALIDA TERRACE		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

18/198 581 487 1184

CR2E034 (10/97)