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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000057273

1. Corporation Name

ACCOUNTING DEPOT, P.A.

| Dringing Diago | | | | | | | | | | | | | | | |
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| Principal Prace | of Business | ı | Mailing Address | | | | | • | | | | | | | |
| 1320 S DIXIE HWY 1320 S DIXIE HWY | | | | | | | | | | | | | | | |
| 1007 | | | STE 1061 | | | | Ì | DO NOT WRITE IN THIS SPACE | | | | | | | |
| | | | CORAL GABLES FL 3314 | . 33140 | | | 3 | 3. Date Ir corporated or Qualified | | | | | | | |
| US | | , | 30 | | | | 3. | 07/05/1 | • | n Qualife | ·u | | | | |
| 2 0 | f D | т э | a. Mailing Address | | | | | FEI Numb | | | | | | Applied | For |
| ⊢ ' | ace of Business | ├ | ٦ ٽ | | | | " | 65-0737 | | | | | - | Not App | |
| 21 Suita Aut | # oto | | Suite, Apt. #, etc. | | | | | 00,0101 | 303 | | | | | Additio | |
| Suite, Apt. | #, etc. | 100 | 7 | | | | 5. | Certifcate | of Status | Desired | | | | Recuire | |
| City & S:ate | | | City & State | | | | +- | Electio 1 C | amnainn | Financing | | | \$5.0 | 0 May | Ro - |
| 23 | - | 28 | ¬ ´ | | | | 0. | Trust Fund | | | - - | | | d to Fee | |
| Zip | Count | | Zip | Cou | ıntry | | 8. | This corpo | | | irrent vea | ar Intai | naible | | |
| 24 | 25 | 29 | ¬ ' | 30 | - | | | Personal I | | | | | ∐ Yes | []No | s |
| 241 | 9. Name and Add | | } | _ [00] | 1 | | 10. | Name and | | | Registe | ered A | gent | | |
| | | | | | 81 | Name | | | | | | | | | |
| | S, MARC W | | | | 82 | Ctrant | Addross (D | O. Box Nu | ımbar is N | lot Accer | otable) | | | | |
| 1320 | S DIXIE HWY | | | | 02 | Street | Address (P | O. BOX NO | imoei is i | NOI ACCE | J(able) | | | | |
| STE | 1061 | | | | 83 | | | | | | | | | | |
| COR | AL GABLES FL 331 | 46 | | | | | | | | | | | 11 | | |
| | | | | | 84 | City | | | | | | FL | 85 Zi | p Code | |
| 11 Pureus at | to the provisions of Sec | tions 607 0502 and | 607.1508, Florida Stat | tu es the a | bove- | named | corporation | n submits th | his statem | ent for th | е ригро: | se of c | hanging | its regis | tered |
| office or re | egistered agent, or bott | າ. in the State o፣ Flo | rida. Such change was | : authorize(| o oy tr | е согра | oration's bo | oard of cire | ctors. I he | ereby acc | ept the a | appoint | ment as | register | ed |
| agent a | n familiar with, and acc | cept the obligations | of, Section 607.0505, F | ·iorida Stat | utes. | | | | | | | | | | [|
| SIGNATURE | Signature, typed or printed nar | afamintand and to | tle of applicable (NC | TI .: Registered | 1 Acent | sionatiire n | enu red when r | einstating) | | | DAT | TE | | | \ |
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| | DAMS MARC WIL | ΙΙΔΜ | ☐ DELETE | | |] | | | 1 - , | | | | Chang | e 🗌 | |
| CTOFFT ADDOFUG | DAVIS, MARC WIL | | ☐ DELETE | 1.2 N | AME | nnress ! | 1270 | 354 | اير، | tigh | ww | · | Chang + k | • □ ⇔′∆i | |
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64 CITY-ST-ZIP CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further contribute the information indicated on this annual/report or suppliemental εnnual 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 trystee empowered to εxecute 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 attaching with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

GNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition