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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7960006 895/

INSURANCE ACCOUNTING SERVICES, INC.

The last last last

97 APR 30 AM 8: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

		cropt Brisiness Mailing Address				
	11402 S.W. 25TH COU DAVIE,FL 33325	URT 11402 - DAVIS,	5.W. 7 FL 3	2674 ct. 3325	3. Date Incorporated or Qualified 3	a. Date of Last Report
					JULY 15, 1996	
1	cont Business	2a. Mailing Address				Applied For
I Suete, Apt. ≠.	a deservation of the second second	26] Suite, Apt. #, elc.			65-0712989	Not Applica \$8.75 Additional
I	. • •	27]			5. Certificate of Status Desired	Fee Required
L - City & State	,	City & State			6. Election Campaign Financing	\$5.00 May Be
	4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	28			Trust Fund Contribution	
   Ζφ 	Country	Zip	Country	у	8. This corporation has liability for intar	
	25 9. Name and Address of Curren	29]	30		Florida Statutes	s No
	3. Name and Address of Correct	t trogration regard	81	Name		
			100	Circot Addr	ess (P.O. Box Number is Not Acceptable)	
	ROSA.S. GROSS		LL		ess (F.O. Box Number is Not Acceptable)	
	11402 S.W. 25TH COU	JRT	B3			
n	DAVIE, FL 33325		64	City	<del></del>	85 Zip Code
				<u> L</u>		FL
l. Persuant to office or reg	ithe provisions of Sections 607 050 gistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida, Such change was	les, the abov authorized b	re-named corp y the corporat	oration submits this statement for the purpoint ion's board of directors. I hereby accept the	ise of changing its registere appointment as registered
agest ram	tamiliar with, and accept the obliga	-71 ^ ^	orida Statute	is.	Alanla	<b>7</b> %
GNATURE 50	Lip at the Type of the printed native of pegistered age	onl and title if applicable (NOT	E. Registered Ag	eni signature requir	ed when reinstating) D	ATE
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
1	PRESIDENT	DELETE	1 1 TITLE			☐ Change ☐ Addit
	ROSA S. GROSS		12 NAME	Section 10 1 Filtra		5U3 (5
	11402 S.W. 25TH CO	URT		T ADDRESS	-U5/U1/31 	'01001015 00 ****165.0(
( ) ! ZIF	DAVIE, FL 33325	T DELETE	1.4 GiTY -: 2.1 TITLE	ST-ZIP	*****100	Change Addit
		Em DECETE	22 NAME			Fil cuttille Fil votat
3. -(1.4)\u00e400			ľ	T ADDRESS		
			2 4 CITY-			
9 51 7 <u>11.</u> 3		DETELE	3 1 TITLE	0. 2		Change Addit
l <sub>t</sub>			32 NAME			
			33 STREE	T ADDRESS		
			34 CITY	ST-ZIP		
13.60 (6155)						
11 M (M155 6 11 20	,	DELETE	4 1 TITLE			Change Addit
17 WO DRIESS 7 17 20 8	And the state of t	DELETE	4 2 NAME			Change Addit
11 M 161 M 1 6 1 7 20 F 6 1 7 20 F 7 F 8 F 1 7 M 168 F		☐ DELÉTÉ	4 2 NAME 43 STREE	t address		Change Addit
4 7 AC (1615 AS )  Y (17 70 )  Y (17 70 )  A			4 2 NAME 43 STREE 44 City-	t address		
1 1 M (1615A) (1 1 7 20 6 6 6 4 1 M (1617A) (1 1 20 6		DELETE	4 2 NAME 43 STREE 44 City-: 51 Title	t address		
1130 (6155) 7 (3 20) 6 8 9 14 (34) (6) (7) 7 (1 20) 6			4 2 NAME 4 3 STREE 4 4 GHY- 5 1 TITLE 5 2 NAME	T ADDRESS ST-ZIP		
(17 A) (61 A) (7 3 7 A) (7 A) (8 A) (8 A) (8 A) (9 A) (9 A) (9 A) (9 A)			4 2 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE	T ADDRESS ST-ZIP T ADDRESS		
F 1 AC 161 AC 16			4 2 NAME 4 3 STREE 4 4 GHY- 5 1 TITLE 5 2 NAME	T ADDRESS ST-ZIP T ADDRESS		
(11 AC JOHAN (17 AC JOHAN (17 AC JOHAN (18 A		DELETE	4 2 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 54 CITY-	T ADDRESS ST-ZIP T ADDRESS		☐ Change ☐ Addit
# 17 # 1615 \$ 17 # 17 # 17 # 17 # 17 # 17 # 17 # 17		DELETE	4 2 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME	T ADDRESS ST-ZIP T ADDRESS		☐ Change ☐ Addit

SIGNATURE:

THE AND TYPED OF ERINTED NAME OF SIGNING OFFICER OR DIRECT

861-995 4577