

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

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000059600 (2)

1. Corporation Name  
ACCUKEEP, INC.

Principal Place of Business

8 CARDINAL DR  
LONGWOOD FL 32779

Mailing Address

8 CARDINAL DR  
LONGWOOD FL 32779-3054



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/15/1996	N/A
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3393933	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$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

9. Name and Address of Current Registered Agent

LONG, JENNIFER  
8 CARDINAL DR  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 Jennifer Ann Long Jennifer Long 4/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required with reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	Director
NAME	1.2 NAME	1.2 NAME	Jennifer Long
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	8 Cardinal Dr
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	2.1 TITLE	2.1 TITLE	Director
NAME	2.2 NAME	2.2 NAME	Martha L. Brown
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	20 Old Post Road
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	3.1 TITLE	3.1 TITLE	Director
NAME	3.2 NAME	3.2 NAME	Christopher M. Brown
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	725-213 Creekwater Terr.
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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 Jennifer Ann Long Jennifer Long 4/21/97 (407) 805-0283

CR2E034 (9/96)