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 # P96000069487 (2)

ACCURATE BROKERAGE CO.

Principal Place of Business

Mailing Address

5500 E. GIDDENS STREET TAMPA FL 33610 5500 E. GIDDENS STREET TAMPA FL 33610-5307 FILED Jan 28 1997 8:00am Secretary of State

								3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996
2. Principal Pl			2a.	2a. Mailing Address				4. FEI Number Applied For
21 2840	405 TALL GRASS DR.			26 28405 TALL GRASS DC			k de	59 - 3408013 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								Certificate of Status Desired Sa.75 Additional Fee Required
City & State City & State								6. Election Campaign Financing \$5.00 May Be
23 WEREY CHAPEL, FL				28 WESKEY CHARE , FL			7	Trust Fund Contribution Added to Fees
Zip		Country		Zip	7	Country	y	8. This corporation has liability for intangible tax under s. 199.032,
24 335	$\varphi_{\mathcal{J}}$	5 PASCO	29	33543	30	PA	360	Florida Statutes Yes No
1	9. Name a	and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Registered Agent
HER	NANDEZ, MI	CHAEL				81	Name	
28405 TALL GRASS DRIVE							Stroot Adv	dress (P.O. Box Number is Not Acceptable)
WESLEY CHAPEL FL 33543						82	Sileel Add	diess (F.O. Box Number is Not Acceptable)
						83		
İ						84	City	FL 85 Zıp Code
44 Durament	to the provision	er of Sactions 607.05	02 and 60	7 1609 Florida Stati	iton the	abov	o named co	rporation submits this statement for the purpose of changing its registered
office or re	egistered age	rit, or both, in the Stat n, and accept the oblig	e of Florida	 a. Such change was 	authori	ized b	v the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typical o	r printed name of registered as	gent and litte if	applicable (NC	TE: Regis	lered Ag	ent signature req	uired when reinstating) DATE
12.	12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Plesi	BENT	_	☐ DELETE	1	1 TITLE		Change Addition
NAME MICHAEL HERNANDEL					1.	2 NAME		
STREET ADDRESS - DUON TALL GRASS DRIVE					1	13 STREET ADDRESS		
CITY-ST-ZIP				535Y3	1.4 CITY-ST-ZIP		ST-ZIP	
TITLE		DELETE			2.1 TITLE		☐ Change ☐ Addition	
NAME					2	2 NAME		
STREET ADDRESS					2.	3 STREE	T ADDRESS	
CITY-ST-ZIP			2	2. 4 CITY - ST - ZIP				
TITLE				DELETE	_	3.1 TITLE		Change Addition
NAME						3.2 NAME		· -
STREET ADDRESS							T ADDRESS	
CITY - ST - ZIP						.4. CITY -		
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NAME						2 NAME	.	
STREET ADORESS							T ADDRESS	
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CITY-ST-ZIP TITL {				DELETE		.4 City-: .1 Title	31 - ZIP	☐ Change ☐ Addition
ł						.2 NAME		
NAME								
STREET ADDRESS							T ADDRESS	
CHTY-ST-ZIP				Devere		4 CITY-	ST - ZIP	[] A
TITLE				☐ DELETE		.1 TITLE	}	Change Addition
NAME						2 NAME		
STREET ADDRESS					6	.3 STREE	T ADDRESS	
C:TY - 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 of 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 changes, or in an attachment with an address.

SIGNATURE:

MUKAN HUALLA NICHAEL HELVANDEZ

1/17/97

813-991-6160