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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000077255 (3)

1. Corporation Name

DOLLAR-WISE BOOKKEEPING SERVICES, INC.



Principal Place of Business

Mailing Address

3340 PINEWALK DRIVE NORTH
#1524
MARGATE FL 33063

3340 PINEWALK DRIVE NORTH
#1524
MARGATE FL 33063-7841

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1500 N.W. 110TH AVENUE

26 1500 N.W. 110TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #362

27 #362

City & State

City & State

23 PLANTATION, FL.

28 PLANTATION, FL.

Zip

Country

Zip

Country

24 33322

25 USA

29 33322

30 USA

4. FEI Number

65-0697866

Applied For

Not Applicable

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZAKACS, KATALIN
3340 PINEWALK DRIVE NORTH
#1524
MARGATE FL 33063

81 Name

SZAKACS, KATALIN

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

1500 N.W. 110TH AVENUE #362

83

84 City

PLANTATION

FL

85 Zip Code

33322

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 Katalin Szakacs

Katalin Szakacs

4/23/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS SZAKACS, KATALIN
CITY-ST-ZIP 3340 PINEWALK DR N., #1524
MARGATE FL 33063

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS SZAKACS, KATALIN
1.4 CITY-ST-ZIP 1500 N.W. 110TH AVENUE #362
PLANTATION, FL. 33322

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Katalin Szakacs

4/23/97

(954)991-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

0145671

CR2E034 (9/96)