## 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 # P96000077744 (6)

ACCA CORP.

## FILED Apr 21 1997 8:00am Secretary of State

| Principal Place of Business<br>413 2ND AVE<br>MELBOURNE BEACH FL 32951   | Mailing Address 413 2ND AVE MELBOURNE BEACH FL | 32951-2509                                  |   |                                  |
|--|--|---|---|----------------------------------|
|  |  |   | 3. Date Incorporated or Qualified 3a 09/16/1996         | a. Date of Last Report           |
| 2. Principal Place of Business   | 2a. Mailing Address                            |   | 4. FEI Number 3/1059/1/                                 | Applied For                      |
| Suite, Apt. #, etc   | Suite Apt. #, etc.                             |   | 5. Certificate of Status Desired                        | Not Applicable \$8.75 Additional |
| 22   | 27   |   | 5. Certificate of Status Desired                        | Fee Required                     |
| City & State   | City & State                                   |   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees   |
| Zip Country  | Zip  | Country                                     | This corporation has liability for intangular           |                                  |
| 24 25  | 29   | 30  | Florida Statutes  | s No                             |
| 9. Name and Address of Curr  | rent Registered Agent                          | 81 Name                                     | 10. Name and Address of New Registe                     | ored Agent                       |
| ACCARDI, VINCENT J JR  |  | ot Ivallie                                  |   |                                  |
| 413 2ND AVE<br>Melbourne Beach FL 32951  |  | 82 Street Add                               | lress (P.O. Box Number is Not Acceptable)               |                                  |
| MELBOOTHE DENOTTE SESSI  |  | 83  |   | <u> </u>                         |
|  |  | 84 City                                     |   | 85 Zip Code                      |
|  |  |   |   | FL                               |
|  | and Ar   | DTE Registered Agent signature requ         | 4-  | 15-9 /                           |
| THE D  | DELETE   | 1.1 TITLE                                   |   | Change Addition                  |
| ACCARDI, VINCENT J JR  |  | 1.2 NAME                                    |   |                                  |
| SIRELI ADDRESS 413 2ND AVE  OTY-SI-ZP MELBOURNE BEACH FL 329   | <b>K</b> 1                                     | 1.3 STREET ADDRESS                          |   |                                  |
| THE  | DELETE   | 1.4 CITY - ST - ZIP<br>2.1 TITLE            |   | Change Addition                  |
| NAME   |  | 2.2 NAME                                    |   |                                  |
| STHEET ACORESS   |  | 2.3 STREET ADDRESS                          |   |                                  |
| CITY - S* ZIP  | DELETE   | 2: 4 CiTY-ST-ZIP                            |   | Change Addition                  |
| TITE NAME  | ← Detele                                       | 31 TITLE<br>32 NAME                         |   | FT CHIEFING FT MODIFIED          |
| STHEET ADDRESS   |  | 3.3 STREET ADDRESS                          |   |                                  |
| CFY-SI-78  |  | 3.4 CITY-ST-ZIP                             |   | ·                                |
| TRUE   | ☐ DELETE                                       | 4.1 TITLE                                   |   | ☐ Change ☐ Addition              |
| NAME<br>CONCLASSION OF   |  | 4, 2 NAME                                   |   |                                  |
| STREET ACORESS OTY-S1-ZIP  |  | 4.3 STREET ADDRESS  <br>4.4 CITY - ST - ZIP | •   |                                  |
| III-F  | DELETE   | 51 TITLE                                    |   | Change Addition                  |
| NAME   |  | 5.2 NAME                                    |   |                                  |
| STREEL ADDRESS   |  | 5.3 STREET ADDRESS                          |   |                                  |
| COPY-ST-ZIP  | The Fre  | 5.4 CITY - ST - ZIP                         |   | Choose 1 44200-                  |
| THE  | ☐ DELETE                                       | 6.1 TITLE                                   |   | Change Addition                  |
| NAME<br>STREET ADDRESS   |  | 6.2 NAME<br>6.3 STREET ADDRESS              |   |                                  |
| CHY-ST ZIP   |  | 6.4 CITY-ST-ZIP                             |   |                                  |
| All fine the bound of the second of the seco | Continue that the organization                 | 16.6-46                                     | dia Chattan 410 07(0)(f) Florida Prot day 14            | colone                           |

4. 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 suppliemental 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 employeed 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 appear with an address.

SIGNATURE:

NATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 (407)676-3459

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