

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90008 042 ***150.00

DOCUMENT # **P96000077744**

1. Corporation Name

ACCA CORP.



Principal Place of Business

**413 2ND AVE
MELBOURNE BEACH FL 32951**

Mailing Address

**413 2ND AVE
MELBOURNE BEACH FL 32951**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1996

2. Principal Place of Business

413 2ND AVE.

2a. Mailing Address

413 2ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

MELBOURNE BEACH

FL

FL

32951

USA

32951

USA

9. Name and Address of Current Registered Agent

**ACCORDI, VINCENT J JR
413 2ND AVE
MELBOURNE BEACH FL 32951**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE
NAME **ACCORDI, MARY C**
STREET ADDRESS **413 2ND AVE**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VP. VINCENT J. ACCORDI**
1.3 STREET ADDRESS **413 2ND AVE**
1.4 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 1999

Daytime Phone #

407-676-6220

CR2E034 (5/99)

June 30, 1999

ACCA CORP.
413 2nd Avenue
Melbourne Beach, FL 32951

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

Please find enclosed a second copy of our annual report and the original fee. We have not included the late fee because we ask that it be waived. The original report and fee were sent April 15, 1999, at the same time our taxes were filed. The check number was 522.

Thank you in advance for your consideration.

Sincerely,

Mary C. Accardi

Mary C. Accardi
President

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