

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086840 (1)**

1. Corporation Name

ACCUTAX PLUS ACCOUNTING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**1409 SE 10TH PL
CAPE CORAL FL 33990**

**1409 SE 10TH PL
CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

65-0703335

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CULTRERA, GILLY S
1409 SE 10TH PL
CAPE CORAL FL 33990**

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

☐ DELETE

TITLE

D

NAME

CULTRERA, GILLY S

STREET ADDRESS

1409 SE 10TH PL

CITY-ST-ZIP

CAPE CORAL FL 33990

TITLE

D

NAME

CULTRERA, JOSEPH

STREET ADDRESS

P.O. BOX 5059 N/A

CITY-ST-ZIP

WEST NEW YORK NJ

TITLE

D

NAME

CULTRERA, JOSEPH

STREET ADDRESS

P.O. BOX 5059 N/A

CITY-ST-ZIP

WEST NEW YORK NJ

TITLE

D

NAME

CULTRERA, JOSEPH

STREET ADDRESS

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STREET ADDRESS

P.O. BOX 5059 N/A

CITY-ST-ZIP

WEST NEW YORK NJ

TITLE

D

NAME

CULTRERA, JOSEPH

STREET ADDRESS

P.O. BOX 5059 N/A

CITY-ST-ZIP

WEST NEW YORK NJ

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

D

1.2 NAME

JENNIFER CULTRERA

1.3 STREET ADDRESS

1409 SE 10 PL

1.4 CITY-ST-ZIP

CAPE CORAL, FL 33990

2.1 TITLE

D

2.2 NAME

D

2.3 STREET ADDRESS

D

2.4 CITY-ST-ZIP

D

3.1 TITLE

D

3.2 NAME

D

3.3 STREET ADDRESS

D

3.4 CITY-ST-ZIP

D

4.1 TITLE

D

4.2 NAME

D

4.3 STREET ADDRESS

D

4.4 CITY-ST-ZIP

D

5.1 TITLE

D

5.2 NAME

D

5.3 STREET ADDRESS

D

5.4 CITY-ST-ZIP

D

6.1 TITLE

D

6.2 NAME

D

6.3 STREET ADDRESS

D

6.4 CITY-ST-ZIP

D

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:

J. Cultrera

2-15-98 (944) 458-1770

CP2E034 (10/97)