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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000096035 (6)

SMALL BUSINESS ACCOUNTING AND TAXES, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

PITTER, CARL S 7447 N.W. 57TH STREET

TAMARAC FL 33319

Suite, Apt. #, etc.

City & State

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

26

27

28

29

7447 N.W. 57TH \$TREET TAMARAC FL 33318

7447 N.W. 57TH STREET TAMARAC FL 33319

## **FILED** May 14 1998 8:00am Secretary of State



5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

 $\Box$ 

Yes

This corporation owes or has paid the current year Intangible

Fee Required

\$5.00 May Be

Added to Fees

City 84 85 Zip Code

Country

81 Name

82

83

30

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 typod or printed name of regions and application. (NOTE Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE	Change Addition	
NAME	PITTER, CARL S		1.2 NAME		
STREET ADDRESS	7447 N.W. 57TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		14 CITY-ST-ZIP		
TITLE	SVD	DELETE	21 TITLE	Change Addition	
NAME	Gardner, Paulette a		2.2 NAME		
STREET ADDRESS	7447 N.W. 57TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		2. 4 C(TY - ST - Z(P		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 THILE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TATLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		☐ DEL <b>e</b> te	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 recovery 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 attriction with an address.