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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State €DIVISION OF CORPORATIONS

DOCUMENT # P9700005976 (0)

BOOKKEEPING & ETC. ON WHEELS, INC.

FILED
May 20 1998 8:00am
Secretary of State



| Principal Place | e of Business | Mailing Address | | |
|--|--|----------------------------------|----------------------------------|---|
| 614 MERIONE | 614 MERIONETH DRIVE 614 MERIONETH DRIVE | | | |
| | N BEACH FL 32547 | FORT WALTON BEACH FL | 32547 | |
| | | | | DO NOT WRITE IN THIS SPACE |
| | | | | Date Incorporated or Qualified 01/21/1997 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 481 3 | S. John Sims Plans | | 428 | 59-3427741 Not Applicab |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | 1000 | — CR 75 Additional |
| 22 6 | | 27 | | 5. Certificate of Status Desired Fee Regulred |
| City & State | 9 | City & State | | · · · · · · · · · · · · · · · · · · · |
| 23 Valx | Darceis O FL | 28 Shalimar | FL | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 24 3a5 | PO 25 USA | 32579 s | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No |
| 21 000 | 9. Name and Address of Current | | 90] | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| AMERILAWYER CHARTERED 81 Name 0 1 | | | | |
| | | | | |
| 343 ALMENIA AVEITUE 82 Street Address | | | | Address (P.O. Box Number is Not Acceptable) |
| COI | RAL GABLES FL 33134 | | | 481 S. John Sins Huy #E |
| | | | 83 | ~ |
| | | | 84 City > | A A Zin Cada |
| | | | "Da | elograiso FL 85 Zip Code 32.5% |
| 11. Pursuant t | to the provisions of Sections 607.0502 | arıd 607 1508, Florida Statutes | , the above-named | corporation submits this statement for the purpose of changing its registere. |
| office or re | egi ste red agent, or both, in the State of manifer with and account the obligate | Horida, Such change was au | thorized by the corp | poration's board of directors. I hereby accept the appointment as registered |
| | | | 2-92 | |
| SIGNATURE | Signature, typed or printed name of regularied again. | and talle if applicable (NOTE) | Registered Agent signature | required when re-nstating) DATE |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PSTD | DELETE | 1 1 TITLE | Change Addition |
| NAME | ray, andrea | | 1.2 NAME | |
| STREET ADDRESS | 614 MERIONETH DRIVE | | | 607 Calanda Dr |
| | FORT WALTON BEACH FL 3254 | 17 | 1.3 STREET ADDRESS | 607 Catawba Dr. Eglin AFB FL 30542 |
| CITY-ST-ZIP | TOTAL VINELOUS BENOTITE GEO | | 1.4 CiTY-ST-ZiP | |
| TITLE | | ☐ DELETE | 2.1 TITLE | Change L Addition |
| NAME | | | 2.2 NAME | |
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| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 3.1 TITLE | ☐ Change ☐ Additio |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | _ | | 3.4. CITY-ST-ZIP | |
| TrTLE | | DELETE | -4.1 TITLE | Change Additio |
| NAME | | | 4. 2 NAME | _ · · · · · · · · · · · · · · · · · · · |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | ☐ Change ☐ Additio |
| NAME | | till beatit | | C Original C Modulin |
| 1 | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | T SECRET | 5.4 CITY-ST-ZIP | |
| TITLE | | L_ DELETE | 6.1 TITLE | Change Additio |
| NAME | | | 6.2 NAME | |
| STREET ADORESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |
| 14. I hereby ce | ertify that the information supplied with | this filing does not qualify for | the exemption state | d 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 trusted 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 | | | | |
| | | | | , |