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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthago.

Secretary of State DIVISION OF CORPORATIONS

1998

P97000018384 (2) DOCUMENT # 1. Corporation Name

BUSINESS ACCOUNTING, INC.

Principal Place of Business

Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



6299 W SUNRISE BLVD 6299 W SUNRISE BLVD SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-67357**89** 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVIN, JAY 6299 W SUNRISE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELET**E** TITLE 1.1 TITLE Change LEVIN, JAY NAME 1.2 NAME 6299 W SUNRISE BLVD STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 83313 CITY-ST-ZIP 1.4 CITY - ST- ZIP SCEO TITLE DELETE 21 TITLE Change ☐ Addition BRIAN, EDWARD NAME 2.2 NAME 3 6299 W SUNRISE BLVD STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition **BRIAN, EDWARD** NAME 3.2 NAME 6299 W SUNRISE BLVD STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33313 CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address.