

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000041591 (3)

1. Corporation Name

BC ACCOUNTANTS' ASSOCIATION, INC.



Principal Place of Business 500 FAIRWAY DRIVE SUITE 210 DEERFIELD BEACH FL 33441	Mailing Address 500 FAIRWAY DRIVE SUITE 210 DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1997	
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	4. FEI Number 65-0755178		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

--- AMERILAWYER CHARTERED ---  
--- 343 ALMERIA AVENUE ---  
CORAL GABLES FL 33134

Carl Fredricks  
2348 NE 30 Court  
Lighthouse Point FL 33064-8133

10. Name and Address of New Registered Agent

81 Name	Carl Fredricks	
82 Street Address (P.O. Box Number is Not Acceptable)	2348 NE 30 Court	
83		
84 City	Lighthouse Point	FL 85 Zip Code 33064-8133

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

*Carl Fredricks*

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

(NOTE: Registered Agent signature required when reinstating)

4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FREDRICKS Gordon T. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICKS, GORDON T.	1.2 NAME	
STREET ADDRESS	500 FAIRWAY DRIVE 6851 Giralda Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441 Boca Raton FL	1.4 CITY-ST-ZIP	
TITLE	STD 33433 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICKS, CARL FREDRICKS CARL	2.2 NAME	
STREET ADDRESS	500 FAIRWAY DRIVE 2348 NE 30 Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441 Lighthouse Point	2.4 CITY-ST-ZIP	
TITLE	PD FL 33064-8133	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fredricks Gordon T.	3.2 NAME	
STREET ADDRESS	6851 Giralda Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33433	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fredricks Carl	4.2 NAME	
STREET ADDRESS	2348 NE 30 Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lighthouse Point FL 33064-8133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Carl Fredricks* 4/16/98

CR2E034 (10/97)