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

FILED Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000046084 (4) DOCUMENT # ACCP GROUP, INC. Principal Place of Business Mailing Address 965 N. NOBHILL ROAD 965 N. NOBHILL ROAD SUITE 178 SUITE 178 / FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 965 N. Nobhill Rd 65-079 21 965 N. Nobh. Not Applicable Suite, Apri W. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 174 179 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Plands Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible X Yes ∏ No 25 Broward 33324 30 BROWARD Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIGNOTT, ANDREW 965 N. NOBHILL ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 178** 63 FORT LAUDERDALE FL 33324 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am farmign with, and accept the obligations of, Section 607.0505, Florida Statutes. ANONEW MICHOUS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Pies.aut. TITLE 1.1 TITLE Change ANDREW MIGHOTT NAME 1.2 NAME **25E034** 9701 N.W. 18# Ct STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP 33322 DELFTE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - ST - ZIP Addition DELETE ... Change TITLE 31 TIME NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 T(1LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 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

61 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DLLETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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ANOREW MIGHAIT

954 SOL 9802

☐ Addition

Change