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SECOND NOT	ICE: CORPORA	TION WILL BE DI	SSOLVED ON OR AFTER	SEPTEMBER 15. 19	99.	Palala
CORI ANNU	PROFIT PORATION AL REPORT	15/99: \$550 (IF DISSO	FLORIDA DEPAR FLORIDA DEPAR Katherin Secretary DIVISION OF CO	TMENT OF STATE • Harris of State	APPR Fil. 99 0CT ~8	OVED CO AM O. A.
	MENT#	P97000	046084			
ACCP G	GROUP, INC.				SECRETARY TALLAHASSEE	OF SIAIE , FLORIDA 10(1) 10(1) 10(1) 10(1) 10(1) 10(1) 10(1) 10(1) 10(1)
Principal Place	of Business		Mailing Address			
965 N NOGHIL	LL ROAD		965 N. NOBHILL ROAD			
STE 179 STE 179				294	DO NOT WE	TE IN THIS SPACE
FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 333 US US				»24	3. Date Incorporated or Qualified 05/22/1997	
	ace of Business	u Ol	2a. Mailing Address	1. 0.1	4. FEI Number	Applied For
21 46 S	M. DOBLI	11 Rd	26 465 N. Nobl	nell Kol.	65-0793384	Not Applicable
Suite, Apt #			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ududala	Pl	City & State	, બિ.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		ountry	Zip	Country	8. This corporation owes the curr	
24 3 532 0		STOWARD ddress of Current I	11	10 Browns	Intangible Personal Property. 10. Name and Address of New I	Yes No
				81 Name		
	NOTT, ANDREW			82 Street Ac	GN077 AND 72CM Idress (P.O. Box Number Is Not Accept	
965 N. NOBHILL ROAD SUITE 178				965	N. Nobhill Rd	Sul 178
	RT LAUDERDALE	FL 33324		83		Ì
				84 877, (audie delu	FL 85 Zip Code 333324
11. Pursuant	to the provisions of	sections 607.0502 a	nd 607.1508, Florida Statutes,			
office or ri agent. I a	egistered agent, or myhimiliar with, and	both, in the State of accept the oldigation	Florida. Such change was au ons of, section 607.0505, Flori	thorized by the corpora da Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	of the appointment as registered
SIGNATURE _	$1 \rightarrow MM$	101				6 Sep 99
12.	Signature, typed or printed	OFFICERS AND		Registered Agent signature r	odanos mententalis (y	FICERS AND DIRECTORS IN 12
TITLE	Р		DELETE	1.1 TITLE		Change Addition
NAME	MIGNOTT, AN			1.2 NAME		RZE034
STREET ADDRESS	9701 N W 181			1.3 STREET ADDRESS		[2
CITY-ST-ZIP TITLE	PLANTATION	FL 33322	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	90000	3026159 9°
NAVE			[DETE 16	2.2 NAME		27/9901031005***
STREET ADDRESS				2.3 STREET ADDRESS	乔东东	*150.00 ****150.00
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME STREET ADODESS				3.2 NAME 3.3 STREET ADDRESS		ļ
STREET ADDRESS CITY-ST-2IP				3.4 CITY-ST-ZIP		i
TITLE	· · · · · · · · · · · · · · · · · · · 		DELETE	4.1 TITLE		Change Addition
NAME			••	4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE		
TITLE NAME			☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS				5.3 STREET ADORESS		_ [
City-St-ZiP				5.4 CITY-ST-ZIP		
TITLE			DELETE	6.1 TITLE		drappe V Addition
NAMÉ [6.2 NAME		/// / / / / / / / / / / / / / / / / /

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:

SIGNATURE:

Description 119.07(3)(i), Florida Statutes. I further certify that the information and interest 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:

Description 119.07(3)(i), Florida Statutes. I further certify that the information and interest of 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:

Description 119.07(3)(i), Florida Statutes. I further certify that the information in the receiver or trustee and that my signature shall have the same legal effect as if made under oath; that the information is considered.

6.3 STREET ADDRESS

STREET ADDRESS

Andrew Mignett

Pg 20/2

FT. Laudordale Florida 33324

Phone (954) 612-1223 Fax (954) 370-1554

October 01, 1999

Division of Corporations Annual Reports Filings PO BOX 6327 Tallahassee FL 32314

To Whom It May Concern

My Company name is A.C.C.P. Group Inc. We are located at 965 N. Nobhill Rd. FT. Lauderdale Florida 33324 Store # 179. I wish to advise you that unfortunately we did not receive the first notice of our Annual Corporate Report.

As told to me by your adviser, enclosed is a check for \$150.00 Dollars. And excuse me for the delay in payment.

Sincerely,

Andrew Mignott