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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072723 1. Corporation Name

ACCOUNTING TO GO, INC.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90281 027 ***150.00

Principal P ace of Business Mailing Address						'					
				SOUTHBAY DRIVE A FL 33615							
								DO NOT WE		IS SPACE	
								ncorporated or Qualife	d		
								0/1997			
Principal Place of Business 2a. Mailing Address						. \		umber			lied For
21 9320	26 9320 SU	ounnyoak DR.			59-3	4 <u>70746</u>			Applicable Applicable		
Suite, Act.	#, etc		Suite, Apt. #, etc.		1		5. Certifo	ate of Status Desired		\$8.75 A Fee Re	
City & Etate	e	—— †	City & State				6. Election	n Campaign Financing		\$5.00	May Be
23 KIV	28 RIVERUIE	NORVIEW, FL				Fund Contribution	' L	Added to			
Zip	Courtry	·	Zip _		Country		8 This c	orporation owes the cu	rrent vear	ntangible	,
24 335			29 33569	30	ลิ		1 .	al Property Tax.	,	∐ Yes (∭No
24 55 5	9. Name and Address of				<u>' </u>			and Address of New	Register	d Agent	
					81	Name	TANA	. 2 1	11.		
TAVAREZ, ANNETTE						<u> </u>	THUTTE	L, Mone	4 70		
8934 SOUTHBAY DRIVE					82	Street A		Number is Not Accep	nable)		
TAM	PA FL 33615				83		0 30	Widow Br	·	· 	
							_				
					84	,	- TUERU	18 W	F		3669
l office or re	to the provisions of Sections egistered agent, or both, in t	he State cf Fl	lorida. Such change w	as auth	onzed by	the corpor	crporation subm ration's board of	is this statement for the directors, hereby acc	e purpose ept the ap	of changing its pointment as req	registered gistered
_	m familiar with, and accept t	ne obligations	3 or, Section 607.0005. 7 77 - 7 .	, ri jilde Ž		Ff)	Parel	1 Prosile	ĝ ^a	4/15/9	9
SIGNATUFE	Signature, typed or printed na ne of re-	nistered agent and	title if applicable	NOT E. Re	raistered Ager	nt signature re	iqi ired when reinstating	1. VICENTER	DATE	. 117-17	· <u>/</u>
12.		CERS AND D		フー	13.			ONS/CHANGES TO C	FFICERS	AND DIRECTO	RS IN 12
TITLE	VP		DELETI		1.1 TITLE	$ \top$				Change	☐ Addition
NAME	GRAJALES, LAURA		^		12 NAME						
STREET ADDRESS	8934 SOUTH BAY DR				1.3 STREET	[ADDRESS					
	TAMPA FL 33615				1.4 CITY-S						
CITY-ST-ZIP TITLE	P		□ DELETE	E -	2.1 TITLE	-211				☐ Change	Addition
NAME	•				2.2 NAME	ļ				-	
	TAVAREZ, ANNETTE 9320 SUNNY OAK DR				2.3 STREET	LADDDESS					
STREET ADDRESS					2.4 CITY-S						
CITY-ST-ZIP	RIVERVIEW FL 33569		DELETI		3.1 TITLE	1-41				Change	Addition
TITLE !			C DEFE	-							
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET						
CITY-ST-ZIP					3.4 CITY-S	T-ZIP				Chanca	☐ Addition
IIITE			☐ DELET	- ا	4.1 TITLE	1				Change	☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS					43 STREET	TADDRESS					

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, with all other like empowered.

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADORE 3S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Addition

Addition