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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90273 038 ***158.75

DOCUMENT # P97000073846

1. Corporation Name

ABLE ACCOUNTING, INC				
Principal Place of Business Mailing Address			{	99131 99111 1 6990 11161 19111 91919 6111 1691
3701 S. CONGRESS AVE. 3701 S. CONGRESS	S AVF.			
LAKE WORTH FL 33461 LAKE WORTH FL 33461		İ	B0 NOT WEITS	IN THE COLOR
US US		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed	ĺ
C. Divisial Disease Divisions			08/22/1997 4, FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Addre		-	65-0782542	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional
			5. Certifcate of Status Desired	Fee Required
22 27 City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	,	8. This corporation owes the curren	
24 25 29	30		Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Re-	gistered Agent
LACIEL TON	81	Name		
JASIEL, JON	82	Street Addres	ss (P.O. Box Number is Not Acceptabl	le)
3701 S. CONGRESS AVE. LAKE WORTH FL 33461	83			
LANE WORLD LT 20401	83	ļ		
	_ 84	1		FL 85 Zip Code
	la Statutes, the above	e-named corpor	ration submits this statement for the pu	urpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florid	a Statutes, the above	o namou corpor	1. L	the consistment or registered
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florid office or registered agent, or both, in the State of Florida. Such chang agent Lam familiar with, and accept the obligations of. Section 607.0	e was authorized by 505, Florida Statutes	the corporation	's board of directors. I hereby accept	the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.05	se was authorized by 505, Florida Statutes	the corporation	's board of directors. I hereby accept	the appointment as registered
signature. typed or printed name of registered agent and title if applicable.	(NOTE Registered Agen	7	when reinstating)	DATE
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561-965-2445