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

CORPORATION ANNUAL REPORT

1998

22

19

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000076160 (5)

CITRUS ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business Mailing Address PLANTATION POINTE, STE. B PLANTATION POINTE, STE. B 521 SE FT. ISLAND TRAIL 521 SE FT. ISLAND TRAIL DO NOT WRITE IN THIS SPACE CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429** 3. Date Incorporated or Qualified 09/03/1997 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired

City & State

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FILED Mar 26 1998 8:00am Secretary of State



6. Election Campaign Financing

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LEAHY, THOMAS E PLANTATION POINTE, STE. B Street Address (P.O. Box Number is Not Acceptable) 521 SE FT. ISLAND TRAIL 83 **CRYSTAL RIVER FL 34429** City 84 85 Zip Code 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 Signature, type-1 or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE LEAHY, THOMAS E 12 NAME NAME 28860 SOUTHFIELD, STE. 261 STREET ADDRESS 1.3 STREET ADDRESS LATHRUP VILLAGE MI 48076 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE LEAHY, LOIS P NAME 2.2 NAME STREET ADDRESS 28860 SOUTHFIELD, STE. 261 2.3 STREET ADDRESS LATHRUP VILLAGE MI 48076 2. 4 CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachage with practices.

SIGNATURE