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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076543 (2)

ACCURATE COMMUNICATION SERVICES, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



8522 ASHBURY DRIVE 8522 ASHBURY DRIVE HUDSON FL 34687 HUDSON FL 34667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Branford Huy Business PK 21 Brainford Hwy Business Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional #12 # 12 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Lake Ciz Lake Ci FL Trust Fund Contribution Added to Fees Country Country 32025 8. This corporation owes or has paid the current year Intangible 11.5.17 H.S.A. Personal Property Tax due June 30. Yes Yes **⊘** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOWEN, LAWRENCE 8522 ASHBURY DRIVE O, Box Number is Not Acceptable **HUDSON FL 34667** 11. Pursuant to the previsions 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 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. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President Change Addition TITLE 1.1 TITLE NAME 1.2 NAME LAWRENCE BOWEN Branford Hwy Business PK #12 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 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-2IP 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 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of supplicmental 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 of 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 chapted, or on an attachment with an address.

CICNIATURE.

Jamen Jone

4/23/98