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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCOZEZRZ (5)

FILED Mar 19 1998 8:00am Secretary of State

	ACCOUNTING SERVICE, IN	C.					
Principal Place of Business Mailing Address					n dominodi file illini dani dani galin dalih dalih dalih	10010 Stiff (850) (8	/101 1 0 01 FB 0 F
3338 FOXRIDGE CIRCLE 3338 FOXRIDGE CIRCLE					Í		
TAMPA FL 33618		TAMPA FL 33618			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					09/04/1997		
2. Principal P	lace of Business	2a. Mailing Address			4 FEI Number	Ā	pplied For
1		26			59-3467988		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
2		27				Required	
City & State	o	City & State			6. Election Campaign Financing		May Be
3 7.0	Country	28	Count		Trust Fund Contribution	*	to Fees
Z(p 4	Country	Zip	Countr 30	У	 This corporation owes or has paid the Personal Property Tax due June 30. 		ntangible No
91	9. Name and Address of Curren	29 t Registered Agent	130}		10. Name and Address of New Registe		
Y VI	LER, PAUL D		81	Name			
	38 FOXRIDGE CIRCLE			Ctrool 4 1	drage (D.O. Cov. Number in Mat. Agg 2: 1-1-2		
TAMPA FL 33618			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
in	M A LE SOUTO		B:	3			·
			84	1 City		[a=1 3:=	0-4-
			0	City		FL 85 Zip	Code
SIGNATURE	Stignature typed or protect name of registered age. Of FICERS AN		L Bugislered A	geni signature req	gured when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		PS IN 12
TITLE	B President	DELETE	1.1 TOLE		ADDITIONS/OFFARGES TO OFFICERS	Change	
NAME	TYLER, PAUL D		12 NAME				
STREET ADORESS	3338 FOXRIDGE CIRCLE		13 STREET ADDRESS				
CITY-ST-7IP	TAMPA FL 33618		1.4 CITY+ST-ZIP				
TITLE	O Vice President	DELETE	2.1 TITLE			Change	Addition
NAME 3MAI	TYLER, SALLY G		2.2 NAME				
STREET ADDRESS	3338 FOXRIDGE CIRCLE		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY	-ST-ZIP			
ItTLE		DETELE	3 1 TITLE	J		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIF		DELETE	3.4. CITY			☐ Change	Addition
NAME		ריי אנונות	4.1 TITLE 4.2 NAME			LI change	MUNICIPAL TO A
STREET ADDRESS CITY-ST-2IP				ET ADDRESS			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP			5.4 CiTY-				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREE	ET ADDRESS			

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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or furstee any owered 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 my address.)

Paul D. Tyles

March 13, 1998 (813) 265-370 1