

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098597 (2)**
1. Corporation Name

ACCLA CORPORATION LIMITED, INC.



Principal Place of Business

**4970 POINTE CIRCLE
OLDSMAR FL 34677**

Mailing Address

**4970 POINTE CIRCLE
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0793930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address **P.O. Box 5556**

21 Suite, Apt. #, etc.

26 **#** Suite, Apt. #, etc.

22 City & State

27 City & State
CLAREWATER, FL

23 Zip Country

28 **33758** Zip Country
U.S.A.

9. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name **LUGAY-LACSON, CAROLINA**

82 Street Address (P.O. Box Number is Not Acceptable)
4970 POINTE CIRCLE

83

84 City **OLDSMAR**

85 Zip Code
FL 34677

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]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
9/23/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LUGAY-LACSON, CAROLINA B**
STREET ADDRESS **4970 POINTE CIRCLE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

[Signature] REQUIRED

9/23/98

CR2E034 (5/98)