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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106885

1. Corporation Name

ACCRIS CORPORATION

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90035 036 ***150.00



						- I REGEREGI HIG LAURI HARIK GANIL BANK GARK GARK I			
Principal Place		Mailing Address		_		·			
21218 ST. ANDREWS BLVD., STE. 323 21218 ST. ANDREWS BLVD., STE. 323									
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THIS SPACE			
İ						3. Date Incorporated or Qualifed			
						12/19/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Appli	ed For
1900	NW Corporate Blv	1900 NW Co	rpor	at	te B <u>lvd</u>	<u>65-0804500</u>	ر: ا	Not A	pplicable
Suite, Apt. #, etc. Suite 400 East Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 400 Eas						5. Certificate of Status Desired		5 Add Requ	
City & State	e	City & State				6. Election Campaign Financing	\$5.	00.m	ay Be
Boca Raton Florida 28 Boca Raton Fl					ida	Trust Fund Contribution	Add	led to I	ees
Zip	Country	Zip	Coun	-	_	8. This corporation owes the current year Int		_	Z.
3343			<u> 10 Pa</u>	<u>l</u> n	n Beach		Yes	صِيا	KNo
	9. Name and Address of Current I	Registered Agent		n.a 1		10. Name and Address of New Registered	Agent_		
JEI IN	E IEEEDEV A		'	81	Name				
KLINE, JEFFREY A 21218 ST. ANDREWS BLVD., STE. 323					Street Addre	ss (P.O. Box Number is Not Acceptable)			
21218 St. ANUNEWS BLVU., STE. 323 BOCA RATON FL 33433									
BOC	A HATON PE 30400		1	83					
			Ţ	84	City	FL	85	Zip Co	de
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove	-named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changin	g its re	gistered
office or n	egistered agent, or both, in the state of m familiar with and accept the obligatio	Florida, Such change was aut	thorized :	by t	the corporation	n's board of directors. I hereby accept the appoi	ntment a	is regis	tered
_	m rarmilar ontification accept the obligation		oa Statu			1-7	1. 9	X	,
SIGNATURE	Signature fixed or insted name of registered egent a	nd tritle if applicable. (NOTE: I	Registered A	gent	t signature required	when reinstating) DATE	<u>ру</u>	<u>.u.</u>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITL	E			Chai	nge	Addition
NAME	KLINE, JEFFREY A		1.2 NAM	Æ					
STREET ADDRESS	21218 ST. ANDREWS BLVD., STI	E. 323	1.3 STR	EET	ADORESS				
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CIT	r-ST	-ZIP				
TITLE	S	☐ DELETE	2.1 TITL	E			☐ Chai	nge	Addition
NAME	KLINE, CHRISTINE		2.2 NA	Æ					
STREET ADDRESS	21218 ST ANDREWS BLVD, #32	3	2.3 \$TR	EET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433	•	2.4 CIT	Y-\$1	T- ZIP		_		
TITLE		☐ DELETE	3.1 TITL				☐ Cha	nge	Addition
NAME			3.2 NAM	Æ		•			
STREET ADDRESS			3.3 STR	EET	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-S1	T-ZIP				
TITLE		☐ DELETE	4.1 TITL				☐ Cha	nge	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET	ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5.1 TITL				Cha	nge	Addition
NAME			5.2 NAM	Æ	j				
STREET ADDRESS			5.3 STF	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP				
TITLE		☐ DELETE	6.1 TITL	E			☐ Cha	nge	Addition
NAME			6.2 NAM	Æ					
			· ·		ADDRESS				
STREET ADDRESS			64 CIT						

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 on 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 or an attachment with any address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR