## 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 # P97000108315 (7)

## FILED Apr 02 1998 8:00am Secretary of State

1. Corporation	S ACCOUNTING, INC.	0100010 (1)			
Principal Place	e of Business	Mailing Address		1 1001/001 (10 1011) 100)( 03)(1 00)11 00)01 10101 10101 10101 10101 10101 10101 10101 10101 10101 10101 10101	11 1881
7214 HARBOR VIEW DRIVE 7214 HARBOR VIEW DRIVE LEESBURG FL 34788 LEESBURG FL 34788				DO NOT WEITE IN THE ODIOS	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/26/1997	
	lace of Business	2a, Mailing Address		4. FEI Number Applied	
21	A ale	26 P.O. Box 49 Suite, Apt. #, etc.	93311		plicable
Suite, Apt.		27		5. Certificate of Status Desired S8.75 Addit Fee Require	
City & State	9	City & State		Election Campaign Financing \$5.00 May	
23		[28] Leesburg,	Ff	Trust Fund Contribution	
Zip	Country		Country	8. This corporation owes or has paid the current year Intangil	
24	9. Name and Address of Curren		o Lake	Personal Property Tax due June 30.  Yes No. 10. Name and Address of New Registered Agent	<u> </u>
	<del></del>	t Hedisteled Wallt	81 Name	10. Name and Address of New Registered Agent	<del>-</del>
	TERS, PATRICIA A				
7214 HARBOR VIEW DRIVE LEESBURG FL 34788			<u> </u>	Idress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL 85 Zip Code	•
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or profest name of registered agent		thorized by the corporda Statutes.  Registered Agent signature rec	orporation submits this statement for the purpose of changing its re- ration's board of directors. I hereby accept the appointment as regis	stered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	OP	☐ DELETE	1.1 TITLE	DP7 Change	Addition
NAME	PETERS, PATRICIA A		1.2 NAME		
STREET ADDRESS	7214 HARBOR VIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788	- Doruge	1.4 CITY-ST-ZIP		1.40000
TITLE	DST TAMOD CUEDDY A	☐ DELETE	2.1 TITLE	S	Addition
HAME	TAYLOR, SHERRY A		2.2 NAME		
STREET ADDRESS	10100 C.R. 44 EAST LEESBURG FL 34788		2.3 STREET ADDRESS		
CITY - ST - ZIP	LEESBUNG FL 34/60	DELETE	2. 4 CITY-ST-ZIP	Change 23	Addition
TITLE		☐ VELETE	3.1 TITLE	D VP	Addition
NAME PERCENTATIONS			3.2 NAME	Marchant, Yvonne C.	
STREET ADDRESS				601 Ross St.	
CITY-ST-ZIP TITLE		DELETE			Addition
NAME			4. 2 NAME		, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP			4.4 CITY-ST-ZIP		
TOLE		DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME		_	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			64 CITY-ST-7IP		

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: Patricia O. Peter Patricia A. Peter

3/26/98

352-365-7832