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Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90050 039 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000000567

1. Corporation Name  
ALL FLORIDA BOOKKEEPING SERVICES, INC.

Principal Place of Business

~~1805 S E 31ST LANE~~  
~~OCALA FL 34471~~

Mailing Address

~~1805 S E 31ST LANE~~  
~~OCALA FL 34471~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEL Number

59-3503300

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1601 N. PALM AVE

Suite, Apt. #, etc. #208

22 City & State PEMBROKE PINES FL

23 Zip 33026 Country USA

24 33026 25 USA

2a. Mailing Address

26 1601 N. PALM AVE

Suite, Apt. #, etc. #208

27 City & State PEMBROKE PINES FL

28 Zip 33026 Country USA

29 33026 30 USA

9. Name and Address of Current Registered Agent

~~DRISCOLL, BARBARA A~~  
~~1805 S E 31ST LANE~~  
~~OCALA FL 34471~~

10. Name and Address of New Registered Agent

81 Name RICHARD A SPAHN  
82 Street Address (P.O. Box Number is Not Acceptable) 1601 N. PALM AVE  
83 #208  
84 PEMBROKE PINES FL 85 Zip Code 33026

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/15/99

12. OFFICERS AND DIRECTORS

TITLE ~~PSID~~ ☐ DELETE

NAME DRISCOLL, BARBARA A  
STREET ADDRESS 1805 S E 31ST LANE  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME RICHARD A SPAHN

2.3 STREET ADDRESS 1601 N. PALM AVE #208

2.4 CITY-ST-ZIP PEMBROKE PINES FL 33026

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

President 03/15/99 954-430-7675

CR2E034 (11/98)