

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000056811

1. Corporation Name

MICHAEL J. MCGOEY TAX & ACCOUNTING SERVICES, INC

Principal Place of Business
209 N. SEACREST BLVD.
BOYNTON BEACH FL 33435

Mailing Address
209 N. SEACREST BLVD.
BOYNTON BEACH FL 33435

07-12-1999 50005 047 ***150.00
P98000056811

FILED

99 JUL 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1998	
4. FEI Number 66-0845686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL 85 Zip Code	

1. 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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	

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

7/6/99

561-774-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

MICHAEL J. McGOEY CPA, INC.
209 NORTH SEACREST BLVD
BOYNTON BEACH, FL 33435
(561) 734-8599
Fax (561) 734-8544

July 19, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302

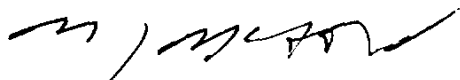
Dear Sir/Madam:

RE: Michael J. McGoey, CPA, Inc., Document Number P97000009097
RE: Michael J. McGoey, Tax & Accounting Services, Inc., Document Number P98000056811

Two weeks ago we enclosed two checks in the amount of \$150 each, representing the annual filing fees for the above named corporations. We honestly never received the initial Annual Reports you sent. We complete dozens of Annual Reports for our clients and we realize how time sensitive these reports are. In fact we call each of our corporate clients to remind them to send in the report by May 1st.

We respectfully request that you accept the payments you have received and file the annual reports previously submitted. Thank you for your cooperation and understanding. If we can be of any further assistance please do not hesitate to contact us.

Sincerely,



Michael J McGoey CPA