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 # P98000073283

AM ACCOUNTING CONSULTING, INC.

Principal Place of Business 1273 S. INDIES CIR.

Mailing Address

1273 S. INDIES CIR.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90005 039 ***150.00



VENICE FL 34292		VENICE FL 34292		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		$\overline{}$
					08/20/1998	·	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			65-0869121		Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	9	City & State	_		6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution	Added to	• 1
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.		⊠No
	9. Name and Address of Curren				10. Name and Address of New Registe	red Agent	
			81	Name			ļ
	LBACH, ARNOLD		82	Street Ade	dress (P.O. Box Number is Not Acceptable)		
1273	S. INDIES CIR.		62) Street Add		uless (F.O. Box Number is Not Acceptable)		
VENI	CE FL 34292		83				
				<u> </u>		85 Zip C	
			84	City	1	FL 85 Zip C	ode
11 Pureuant I	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute	es, the abov	e-named co	moration submits this statement for the purpos	e of changing its	registered
office or re	egistered agent, or both, in the State i	of Florida. Such change was au	Jthonzed by	the compora	ation's board of directors. I hereby accept the ap	ppointment as reg	istered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statute:	5,			ĺ
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE:	Registered Age	nt signatura regui	ulred when reinstating) DATE	E	
12,		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 12
TITLE	0.000	DELETE	1.1 TITLE		PID	Change	
NAME		_	1.2 NAME	}	A. MUHLBA	ICH	ļ
STREET ADDRESS				T ADORESS	1273 S. INDIES CIRCA	(<u>4</u>	
Į.			1.4 CITY-5		VENICE FL 34291	-	
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		V/D	☐ Change	Addition
NAME		_	22 NAME	ĺ	ARMAIN MUHLBACH		į
				T ADDRESS	1273 S. INDIES CIRC.	LE	1
STREET ADDRESS	•		2.4 CITY-		VENICE FL 3429.	ı.	
CITY-ST-ZIP		DELETE	3.1 TITLE	31-21		☐ Change	Addition
NAME			3.2 NAME				-
				T ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP		□ DELETE	4.1 TITLE	31-21		☐ Change	☐ Addition
NAME		<u> </u>	4. 2 NAME				Ì
				T ADDRESS			
STREET ADDRESS			4.4 CITY-1				Ì
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
1			5.2 NAME	1		-	. }
NAME				T ADDRESS			
STREET ADDRESS	•		5.4 CITY-	i			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
			6.2 NAME			-	
NAME				ET ADORESS			
STREET ADDRESS	出版 377 5		6.4 CITY-				
. CITV. ST. 7ID * * *	· · · · · · · · · · · · · · · · · · ·		0,7 0,11 -	·			

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 chapted, or organ attachment with an address, with all other like empowered.

SIGNATURE: