

FROM :

FAX NO. :

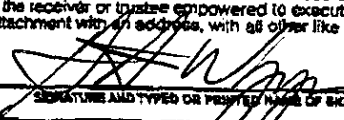
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90024 018 ***150.00

A0079133

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98 000093120			
1. Entity Name Accounting Specialists, Inc. P			
Principal Place of Business 3961 SW 82 terrace Davie, FL 33328		Mailing Address (same)	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0873344		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Waggoner, Glenn S. 3961 SW 82 terrace Davie, FL 33328		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when reappointing	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back). <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Waggoner, Glenn S. 3961 SW 82 terrace Davie, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		9/7/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Q. Hachman
P 98000093120

ACC 79133

Accounting Specialists, Inc.
3961 S. W. 82 Terrace
Davie, FL 33328

September 7, 2000

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Annual Report Doc # P98000093120

Gentlemen:

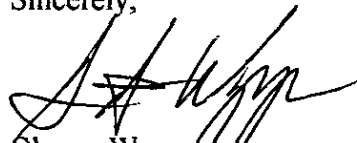
Our address had changed as of July 1999, and we never did receive a Corporation Annual report form, to remind us to file with you, and quite frankly since we had given our change of address to the U.S. Post office, we thought everything was taken care of.

We would appreciate it very much, if you were to allow us to file now, as we did not know we had to file.

We are a fairly new corporation and are still struggling to survive, so we would be very grateful if you were to forgive our late payment, and accept our apologies with the promise to do better in the future.

We are enclosing our check #187 to cover our 2000 annual report, in the amount of \$150.00.

Sincerely,


Glenna Waggoner,
President

(954) 915-8719