

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$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 # P98000108233

1. Corporation Name  
ACCESS INFORMATION, INC.

Principal Place of Business  
708 HUGHEY ST  
KISSIMMEE FL 34741

Mailing Address  
708 HUGHEY ST  
KISSIMMEE FL 34741

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 18 AM 10:09



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1998	
4. FEI Number 59-3552659	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
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent BRODNAX, BARBARA 708 HUGHEY ST KISSIMMEE FL 34741	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P, D
NAME	BRODNAX, BARBARA	1.2 NAME	BRODNAX, BARBARA
STREET ADDRESS	708 HUGHEY ST	1.3 STREET ADDRESS	708 HUGHEY ST
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Barbara Brodnax  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/12/99 Daytime Phone # \_\_\_\_\_

0107921

CR2E034 (5/99)

Access Information, Inc.  
708 Hughey Street  
Kissimmee, Florida 34741

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

October 12, 1999


Dear Sir or Madam:

I was in North Carolina with my ailing mother when the annual corporate report was due. I in no way intended not to pay this fee. I am asking for you to consider this a hardship case and waive the additional fee.

I have included a copy of the death certificate. I had to provide care and comfort in her time of need and now that she has passed, I am trying to get my life and business back together. I have included a check in the amount of \$150.00 for the regular fee without the additional penalty. I do not believe that my business could endure the strain of an additional \$400.00 fee.

Please help me and waive the additional charges. I thank you for your consideration and understanding.

Sincerely,

  
Barbara Brodnax  
President, Access Information, Inc.