

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S22064** (7)
1. Corporation Name
ACCU-TEL AUDITING, INC.

Principal Place of Business
**8015 CHESTER CIRCLE
STE 104
JACKSONVILLE FL 32217
US**

Mailing Address
**6015 CHESTER CIR.
STE. 104
JACKSONVILLE FL 32217-2270
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6015 CHESTER CIRCLE Suite, Apt. #, etc. 22 STE 105 City & State 23 JACKSONVILLE FL Zip 24 32217 County 25 DUVAL		2a. Mailing Address 26 6015 CHESTER CIRCLE Suite, Apt. #, etc. 27 STE 105 City & State 28 JACKSONVILLE, FL Zip 29 32217 Country 30 DUVAL		3. Date Incorporated or Qualified 01/02/1991	4. FEI Number 59-3044148 Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAFER, ELIOT J 3974 WOODCOCK DRIVE, STE. 100 SUITE 101 JACKSONVILLE FL 32207		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	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROVITZ, BRUCE	1.2 NAME	
STREET ADDRESS	3722 LONE EAGLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENDZIER, SHELDON	2.2 NAME	DP
STREET ADDRESS	6935 LALOMA DR	2.3 STREET ADDRESS	SHELDON GENDZIER
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	6935 LA LOMA DR
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	JACKSONVILLE, FL 32217
NAME	GENDZIER, SHELDON	3.2 NAME	
STREET ADDRESS	6935 LALOMA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **SHELDON GENDZIER** PRESIDENT 3/10/98 904-BB-5021

CP2E034 (10/97)