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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT # S26847

(1)

CORPORATE ACCOUNTING GROUP, INC.

Principal Place of Business Mailing Address 5700 LAKE WORTH RD. #209 5700 LAKE WORTH RD. #209 **GREENACRES FL 33463** GREENACRES FL 33463-3270 3. Date Incorporated or Qualified 3a, Date of Last Report 01/22/1991 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0236352 21 26 Not Applicable Suite Apt #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRAHAM, MICHAEL MICHAEL 5700 LAKE WORTH RD #209 62 Street Address (P.O. Box Number is Not Acceptable) **GREEN ACRES FL 33463** 83 84 Zip Code 33463 ORGENACIES 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. Soon change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, an accept the abligations of Section 607.0505. Florida Statutes. SIGNATURE TE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE X Change Addition RESIDENT GRAHAM, MICHAEL NAME 1.2 NAME ichaul Gnatham 5700 LAKE WORTH RD #209 STREET ADDRESS 1.3 STREET ADDRESS 700 LAKE WONTH GREENACRES FL CITY- ST-719 1.4 CITY - ST - ZIP REENACRES DELETE TITLE 2.1 TITLE Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2.4 City-St-Zie DELETE THE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 20P 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST - ZIP 14. If do 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

attachment with an address