

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S35137 (6)

1. Corporation Name

ACCURATE ACCOUNTING & TAX PREP, INC.



Principal Place of Business

Mailing Address

6940 HARDING STREET
HOLLYWOOD FL 33024

6940 HARDING STREET
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 2438 Sheridan St.

26 2438 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Zip

Country

Country

24 33020

25 Broward

29 33020

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS PAMELA J
6940 HARDING STREET
HOLLYWOOD FL 33024

81 Name Pamela Burns

82 Street Address (P.O. Box Number is Not Acceptable)

2438 Sheridan St

83

84 City Hollywood

FL

85 Zip Code 33020

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 the filer

(If filer is not the registered agent, filer's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BURNS, PAMELA
STREET ADDRESS 6940 HARDING STREET
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

954-926-1123

Daytime Phone #

CR2E034 (12/95)