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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

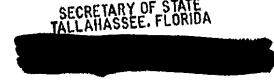
1998

DOCUMENT #
1. Corporation Name

FILED

98 FEB 18 AM 9: 53

SECRETARY OF STATE



FINANCIAL & ACCOUNTING SERVICES, 10 F 7 amps, Inc.				TALLAHASSEE. FLURIDA	
Principal Plac	e of Business	Mailing Address			
21438 KEATIN	IG WAY	21438 KEATING WAY			
		LUTZ FL 33549		DO NOT WRITE IN THIS	CDACE
				DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified	SPACE
			**.	10/17/1996	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3059647	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the cur	
24	25		30	Personal Property Tax due June 30. 10. Name and Address of New Registered.	Yes No
	9. Name and Address of Curre	ant Registered Agent	B1 Name	10. Name and Address of New Registered	Agent
	GERS, CHARLES L		J. Harrie		
21438 KEATING WAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
וטו נו	TZ FL 33549		83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statutes	s, the above-named corp	oration submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli-	le of Florida. Such change was au	ithorized by the corporati	on's board of directors. I hereby accept the app	ointment as registered
	m lamiliar with, and accept the obli	gations of, accitor 607.0300, Fion	iua Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstaling) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TITLE	40000044004	Change Addition
NAME	ROGERS, BETTY L		1.2 NAME -	4000024 962 -02/20/9803	254
STREET ADDRESS	21438 KEATING WAY		1.3 STREET ADDRESS	****150.00	(U307700 <i>C</i> *****150_00
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY - ST - ZIP	****!JU.UU	****150.00
TITLE	SP	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROGERS, CHARLES L		2.2 NAME		
STREET ADDRESS	21438 KEATING WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE		L. Detter	3.1 TITLE 3.2 NAME		Change Aconton
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. City-St-Zip		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELE te	6.1 TITLE	***************************************	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 City-St-ZIP		(17)

14. Thereby 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 A 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.

2-10-98