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 #

S56425

(9)

AFFORDABLE ACCOUNTING/TAX SERVICE OF SW FLORIDA.

Principal Place of Business	Mailing Address		
116 CORPORATION WAY VENICE FL 34292 US	116 CORPORATION WAY VENICE FL 34292 US		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		

FILED May 08 1998 8:00am Secretary of State



VENICE FL 34292 US		VENICE FL 34			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
•					05/31/1991		
2. Principal Place of Business 2a. Mailing Addre		ddress		4. FEI Number	Applied For		
1		26			65-0266631	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	е		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the c	urrent year Intangible	
4	25	29	30		Personal Property Tax due June 30.	Yes No	
	Name and Address of Cur	rrent Registered Agen	<u> </u>		10. Name and Address of New Registere	Agent	
ROSILE, DOUGLAS P.				81 Name			
116 CORPORATION WAY VENICE FL 34292					Street Address (P.O. Box Number is Not Acceptable)		
		Ī	83				
			ſ	84 City	F	L 85 Zip Code	
office or regi	the provisions of Sections 607. Istered agent, or both, in the S familiar with, and accept the ol	tate of Florida. Such chi	ange was authorized	by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered appointment as registered	
CICALATURE							

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typod or printed name of registered agent and line if applicable. (NOTE Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PTD DELETE	11 TITLE	☐ Change ☐ Addition				
NAME	ROSILE, DOUGLAS P.	1.2 NAME					
STREET ADDRESS	452 GLEN OAK RD	1.3 STREET ADDRESS					
CITY-ST-ZIP	VENICE FL	1.4 CITY - ST - ZIP					
TITLE	S DELETE	2.1 TITLE	Change Addition				
NAME	Rosile, Jennifer	2.2 NAME					
STREET ADDRESS	452 GLEN OAK AD. 16 GOLOGO, CATTON WAY	2 3 STREET ADDRESS					
CITY-ST-ZIP	VENICE FL 34298	2. 4 CITY-ST-ZIP					
TITLE	V DELETE	3.1 TITLE	Change Addition				
NAME	HERKO, ANDREW	3.2 NAME					
STREET ADDRESS	PONDGRASA RD-116 COLFERTION WAY	3.3 STREET ADDRESS					
CITY-ST-ZIP	VENICE FL 3792	3.4. 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 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition				
HAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP	_ <u>-</u>	5.4 CITY - ST - ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY - ST - ZIP					

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 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:

941-485-9699