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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S59534

ACCOUNTING DATA SERVICES INC.

(5)

FILED May 06 1997 8:00am Secretary of State

cinal Place of Business	Mailing Address	,

Principal Place of Business Mailing Address					
1830 BAYSHORE BLVD. 1830 BAYSHORE BLVD.					
DOMEDIN FL 34	1030	DUNEDIN FL 34698-3335			
				 Date Incorporated or Qualified 06/10/1991 	3a. Date of Last Report 05/01/1996
2. Principal PI	ace of Business CUYLOW Rel	2a. Mailing Address	rlew Rd	4. FEI Number 59-3072718	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1 1(1/2) 1 111	Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
Gity & State	edin FL	City & State 28 DUNCAIN	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip(Country	Zig/// OC	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
4 344	9. Name and Address of Current	- 1	30]	Florida Statutes 10. Name and Address of New Reg	Yes No
PAR	SELL, CAROL A.	nogratorou Agunt	81 Name (ISTOLOG MAGUIL
	BAYSHORE BLVD.			aysell, carel 17	
	EDIN FL 34698			ldress (P.O. Box Number is Not Acceptabl にひちょくしにほん より	∌)
			83		
			84 City	(1416.0+0)	■■ 85 Zip,Code
44 Burguepet I	to the provisions of Spatians (107.0) 00	and COZ 1000 Clasida Ctaluta		UNEDIN	FL 34609
office or re	egistered agent, or both, in the State of	of Florida, Such change was a	s, the above-hamed ci uthorized by the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	n familiar with, and accept the obliga	lians of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE .	Signature typed or printed name of registered agen	and title if applicable (NOTI	Registered Agent signature re	quired when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DAROFIL CAROLA	☐ DELETÉ	1.4 TITLE		Change Addition
NAME	PARSELL, CAROL A. 1830 BAYSHORE BLVD.		1.2 NAME	1205 Curlew Rd)
STREET ADDRESS CITY-ST-ZIP	DUNEDIN FL		1.3 STREET ADDRESS	1000 CONEW NO	
TITLE	D	DELFTE	1.4 CITY - ST - ZIP 2.4 TITLE		☐ Change ☐ Addition
NAME	PARSELL, TARA A.		2.2 NAME	- 1 0	• •
STREET ADDRESS	1830 BAYSHORE BLVD.		2.8 STREET ADDRESS	1205 Curlew Rd	
CITY-ST-ZIP	DUNEDIN FL		2. 4 CITY - ST - ZIP		
TITLE		[_] DELETE	3.4 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CHY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		_ , _
STREET ADDRESS			4.8 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	5.1 TITLE		☐ Change ☐ Addition
NAME CTOCCT ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.8 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		-	6.2 NAME		• • • • • • • • • • • • • • • • • • • •
STREET ADDRESS			6.8 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1-7IP		
Ido hereb	by certify that the information supplied in indicated on this annual report or su	with this filing does not qualify	for the exemption stat	led in Section 119.07(3)(i), Florida Statutes	I further certify that the