

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATE AFFAIRS

APPROVED  
AND  
FILED

93 MAY -1 AM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S70871** (6)

1. Corporation Name:  
**A+ BOOKKEEPING, INC.**

Principal Place of Business: **6875 N.W. 2ND STREET MARGATE FL 33063**  
Mailing Address: **6875 N.W. 2ND STREET MARGATE FL 33063**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified <b>07/27/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0280606</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has submitted the appropriate tax returns to Florida State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent <b>VAN HEMEL, MARY K. 6875 N.W. 2ND STREET MARGATE FL 33063</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State <b>FL</b>
	85. Zip Code

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS VAN HEMEL, MARY K. 6875 N.W. 2ND STREET MARGATE FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, STATE, ZIP		1. CITY, STATE, ZIP	
TITLE	P VAN HEMEL, GARY J. 6875 N.W. 2ND STREET MARGATE FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		2. CITY, STATE, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		5. CITY, STATE, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01, 139.02, 139.03, Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Mary K. Van Hemel* Mary K. VanHemel 4-29-95 305-970-9483