

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 07/27/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0280606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has submitted the appropriate tax returns for 1993-1994. Florida Statute <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 VAN HEMEL, MARY K. 6875 N.W. 2ND STREET MARGATE FL 33063	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. State FL
	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	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HEMEL, MARY K.	1. NAME	
STREET ADDRESS	6875 N.W. 2ND STREET	1. STREET ADDRESS	
CITY, STATE, ZIP	MARGATE FL	1. CITY, STATE, ZIP	
TITLE	P	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HEMEL, GARY J.	2. NAME	
STREET ADDRESS	6875 N.W. 2ND STREET	2. STREET ADDRESS	
CITY, STATE, ZIP	MARGATE FL	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, 601, Florida Statutes. I further certify that the information indicated on this annual report or supplement or 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 recipient of funds represented to conduct 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