

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date of Incorporation or Qualified 07/27/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0280606	Applied For 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

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	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1902, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Agent must be a natural person)

Signature of Secretary or Assistant Secretary (Not a Director)

DATE

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.	2. NAME	
STREET ADDRESS	6875 N.W. 2ND STREET	3. STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4. CITY-ST-ZIP	
TITLE	P	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HEMEL, GARY J.	6. NAME	
STREET ADDRESS	6875 N.W. 2ND STREET	7. STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 Book 12 or Book 13 if changed, or on an attached sheet with an address.

SIGNATURE:

Mary K. Van Hemel
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96
DATE

954-970-9483
TELEPHONE #

CR2E034 (12/95)