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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S70871** **(6)**

1. Corporation Name
A+ BOOKKEEPING, INC.

Principal Place of Business	Mailing Address
6875 N.W. 2ND STREET **MARGATE FL 33063**	**6875 N.W. 2ND STREET** **MARGATE FL 33063-5015**

3. Date Incorporated or Qualified: **07/27/1991**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business
21 5011 N.W. 99th Terrace
Suite, Apt. #, etc. 22
City & State 23 Coral Springs, FL
Zip 24 33076-2433 Country 25

2a. Mailing Address
26 5011 N.W. 99th Terrace
Suite, Apt. #, etc. 27
City & State 28 Coral Springs, FL
Zip 29 33076-2433 Country 30

4. FEI Number: **65-0280606** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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) 5011 N.W. 99th Terrace
83
84 City Coral Springs **FL** 85 Zip Code 33076-2433

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

SIGNATURE Mary K. Van Hemel 1/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVPS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	VAN HEMEL, MARY K.		1.2 NAME		
STREET ADDRESS	6875 N.W. 2ND STREET		1.3 STREET ADDRESS	5011 N.W. 99th Terrace	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33076-2433	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VAN HEMEL, GARY J.		2.2 NAME		
STREET ADDRESS	6875 N.W. 2ND STREET		2.3 STREET ADDRESS	5011 N.W. 99th Terrace	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33076-2433	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (9/96)

14. I do hereby 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: Mary K. Van Hemel 1-15-96 954-255-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #