

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**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
**6875 N.W. 2ND STREET
MARGATE FL 33063**

Mailing Address
**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**

2a. Mailing Address
26 **5011 N.W. 99th Terrace**

4. FEI Number
65-0280606

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Coral Springs, FL

28 City & State
Coral Springs, FL

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

24 Zip
33076-2433

25 Country

29 Zip
33076-2433

30 Country

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

85 Zip Code
FL 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* DATE **1/15/96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	VAN HEMEL, MARY K.	
STREET ADDRESS	6875 N.W. 2ND STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN HEMEL, GARY J.	
STREET ADDRESS	6875 N.W. 2ND STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5011 N.W. 99th Terrace
1.4 CITY-ST-ZIP	Coral Springs, FL 33076-2433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5011 N.W. 99th Terrace
2.4 CITY-ST-ZIP	Coral Springs, FL 33076-2433
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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* DATE **1-15-96** DAYTIME PHONE # **954-255-5599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)