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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: 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. City & State: 23 Coral Springs, FL  
27. City & State: 28 Coral Springs, FL

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

24. Zip: 33076-2433  
25. Country:   
29. Zip: 33076-2433  
30. Country:   
26. Suite, Apt. #, etc.   
27. Suite, Apt. #, etc.

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 (Signature) / 1/15/96 (Date)  
NOTE: Registered Agent signature required when reinstating.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 (Signature) / 1-15-96 954-255-5599 (Date and Daytime Phone #)

CR2E034 (9/96)