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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
Suite, Apt. #, etc.

22 City & State
Coral Springs, FL

23 Zip
33076-2433

Country

2a. Mailing Address

26 5011 N.W. 99th Terrace
Suite, Apt. #, etc.

27 City & State
Coral Springs, FL

28 Zip
33076-2433

Country

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

Signature of typed or printed name of registered agent and filed appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/96

12. OFFICERS AND DIRECTORS

TITLE DVPS ☐ DELETE
NAME VAN HEMEL, MARY K.
STREET ADDRESS 6875 N.W. 2ND STREET
CITY-ST-ZIP MARGATE FL

TITLE P ☐ DELETE
NAME VAN HEMEL, GARY J.
STREET ADDRESS 6875 N.W. 2ND STREET
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 954-255-5599

Date

Daytime Phone #

CR2E034 (9/96)