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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S91152

(6)

DOCUMENT # 1. Corporation Name	S91152
DAY TO DAY BOOK	KEEPING INCORPORATED

Principal Place of E	Business	Mailing Address) (\$2110/6 116 (\$10) 1150 · (152) \$116			
715 APRICOT AV	E	715 APRICOT AVE						
STE B SARASOTA FL 3	4237	STE B SARASOTA FL 342	37		3. Date Incorporated or Qualified	3a. Date	of Last Re	eport
US		US	us		10/20/1991	05/01/1995		
2. Principal Place	of Business	2a. Mailing Address	_ **		4. FEI Number			Applied For Not Applicable
	SER SHREET	26 SAME			65-0292885			Additional
Suite, Apt. #, e		Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
] 200 - [: City & State	2	City & State			6. Election Campaign Financing			0 May Be
SARASE	TA.FL	28			Trust Fund Contribution			d to Fees
Zip	Country Zip Count		try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
34230	25 SALASOTF Name and Address of Curren	7 29 at Registered Agent	30		10. Name and Address of New I	Registered A	Agent	
	9. Name and Address of Corre	tt trogrotor or tige		Name				
MONVILLE	ROBIN			B2 Street Addr	ess (P.O. Box Number is Not Accepta	de)		
715 APRIC	OT AVE		ļ.					
SURTE D				83				
SARASOTA	A FL 34237		ļ-ī	84 Orty		FL	85 Z	ip Code
			la ta tha aba	e o mod com	ration submits this statement for the pard of directors. Thereby accept the app	racco of chi	pogina its	registered offi
SIGNATURE SIJ	Store typed or perfect out in of registered asp.	4D DiRECTORS	rint tig	April Saprakas njeses	and the relation of the control of t			
IITLE	D	☐ DELETE	1 1 10	if .		ĺ	Change	Addition
IAME	MONVILLE, ROBIN		1.2 NA					
STREET ADDRESS	715 APRICOT AVE SUITE D			AFET ADDRESS				
DITY - ST - 7:P	SARASOTA FL	DELETE		T: F			Change	Additio
TITLE			22 N					
NAME STREET ADDRESS			2350	RE: 1 ADDRESS				
CITY -ST-ZIP				T×-S1-ZIP			Change	e 🔲 Addibo
TITLE		☐ DELETE		1			☐ ounna	. 🚨
NAME			32 N	TREET ADDRESS				
STREET ADDRESS				ITT ST-ZIP				
CITY-ST-ZIP TITLE		DELET					[] Chang	a 🔲 Additio
NAMÉ			42 N	AM:				
STREET ADDRESS			435	IFEET ADDRESS				
CITY-ST-2IP		F7 00:00		th-SLZ(F			Chang	je 🔲 Additi:
TITLE		☐ DEI.ET	F 5 11					
NAME				PREET ADDRESS				
STREET ADDRESS				OT 1-ST-ZIP				
CITY - ST - ZIP		DELEI					☐ Chang	ge 🔲 Additi
NAME			621	IAM(
STREET ADORESS				STHEET ADDRESS				
CITY-ST-ZIP		at at at a flore a reach over		Tri-ST ZP	v for the exemption stated in Section 1	19.07(3)(k), F	lorida Sta	itutes I furthe
14 Ldo hereby	certify that the information supplied	d with this fling is volunta	rily furnished and	l does not pua *	y for the exemption stated in Section 1 urale and that my signature shall have this report as required by Chapter 607	19.07(3)(k), F the same_leg	ilonda Sta al effect a	atutes i für as if made