

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90044 027 ***150.00

DOCUMENT # V00288

1. Corporation Name

AAA ACCOUNTING, TAXES & BOOKKEEPING, INC.

Principal Place of Business

2886 TAMiami TRAIL

#7

PORT CHARLOTTE FL 33952

Mailing Address

2886 TAMiami TRAIL

#7

PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

4. FEI Number

65-0300954

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 380086

23 City & State

27 Suite, Apt. #, etc.
28 Murdock, FL

24 Zip Country

29 Zip Country

33948

9. Name and Address of Current Registered Agent

KEUL, EUGENE
2886 TAMiami TRAIL, #7
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
Catherine L. Gerace
82 Street Address (P.O. Box Number is Not Acceptable)
23188 Freedom Avenue

84 City
Charlotte Harbor FL 85 Zip Code
33980

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

Catherine L. Gerace

4-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS ☒ DELETE
NAME KEUL, EUGENE P.
STREET ADDRESS 19266 EDGEWATER DR
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE Director ☐ DELETE
NAME Nancy Zimmerman
STREET ADDRESS 23188 Freedom Avenue
CITY-ST-ZIP Charlotte Harbor, FL 33980

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Director
2.3 STREET ADDRESS Nancy Zimmerman
2.4 CITY-ST-ZIP 23188 Freedom Avenue
Charlotte Harbor, FL 33980

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)