

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

FILED

Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V04891** (0)

1. Corporation Name  
**MIDRANGE ACCOUNTING SYSTEMS, INC.**

Principal Place of Business <b>12773 W. FOREST HILL BLVD. SUITE 1206 WELLINGTON FL 33414</b>	Mailing Address <b>12773 W. FOREST HILL BLVD. SUITE 1206 WELLINGTON FL 33414</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 12207 Old Country Road</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 210425</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/08/1992</b>	
22 City & State <b>23 Wellington, FL</b>		27 City & State <b>28 West Palm Beach, FL</b>		4. FEI Number <b>65-0302289</b>	
24 33414		29 33421		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ROBINSON, WILLIAM D. 12773 W. FOREST HILL BLVD. SUITE 1206 WELLINGTON FL 33414</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>12207 Old Country Road</b>	
				83	
				84 City <b>Wellington</b>	
				85 Zip Code <b>FL 33414</b>	
11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 provisions of Section 607.0505, Florida Statutes.					
SIGNATURE <i>William D. Robinson</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/11/98</b>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, MARIA R.</b>	1.2 NAME	
STREET ADDRESS	<b>12207 OLD COUNTRY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, WILLIAM D.</b>	2.2 NAME	
STREET ADDRESS	<b>12207 OLD COUNTRY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *William D. Robinson*

CP2E034 (10/97)