FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 28 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09626 (5)

1. Corporation Name
ACCURATE BUSINESS CONTROLS, INC.

Principal Place of Business	Mailing Address
SUITE 415 3200 N. MILITARY TRAIL BOCA RATON FL 33431	SUITE 415 3200 N. MILITARY TRAIL BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 500 N.E. SPANISH RIVER BLV.
Suite, Apt. #, etc.
22 SUITE 108
City & State
23 BOCA RATON FL
Zip 24 33431 Country 25 PALM BEACH

2a. Mailing Address
26 500 N.E. SPANISH RIVER BLV
Suite, Apt. #, etc.
27 SUITE 108
City & State
28 BOCA RATON, FL
Zip 29 33431 Country 30 PALM BEACH

4. FEI Number: 65-0319564 ☐ 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

CASTRO, JACK
SUITE 415
3200 N. MILITARY TRAIL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: CASTRO, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 500 N.E. SPANISH RIVER BLV #108
83
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVPT	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CASTRO, JACK	12 NAME	CASTRO, JACK	
STREET ADDRESS	3015 S OCEAN BLVD #5C	13 STREET ADDRESS	3015 S.OCEAN BLV. #5C	
CITY-ST-ZIP	HIGHLAND BEACH FL	14 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	PD	21 TITLE	D	☒ Change ☐ Addition
NAME	HASSIG, JOHN	22 NAME	NAOMI HASSIG	
STREET ADDRESS	21813 TOWN PLACE DR	23 STREET ADDRESS	21813 TOWN PLACE DR.	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	CASTRO, GRACIELA	
STREET ADDRESS		33 STREET ADDRESS	3015 S.OCEAN BLV #5C	
CITY-ST-ZIP		34 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jack V. Castro Pres. JACK V. CASTRO 4/25/96 407/394-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0286907 CP