

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V23277 (9)

1. Corporation Name

ACCOLADE SYSTEMS KONSULTANTS, INC.

Principal Place of Business

801 WEST STATE ROAD 436  
SUITE 1079  
ALTAMONTE SPRINGS FL 32714

Mailing Address

801 WEST STATE ROAD 436  
SUITE 1079  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business	2a. Mailing Address
21 801 West State Road 436 Suite, Apt. #, etc.	26 801 West State Road 436 Suite, Apt. #, etc.
22 1083 City & State	27 1083 City & State
23 Altamonte Springs FL Zip Country	28 Altamonte Springs FL Zip Country
24 32714	25 Seminole
29 32714	30 Seminole

3. Date Incorporated or Qualified 03/24/1992	3a. Date of Last Report 06/27/1995
4. FEI Number 59-3116422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WHALEY, PATRICIA A.  
967 SOUTHRIDGE AVE  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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

Patricia A. Whaley

(NOTE: Registered Agent signature required when reinstating)

15 Apr. 1996

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, PATRICIA A	1.2 NAME	
STREET ADDRESS	967 SOUTHRIDGE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS, F	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, RICHARD L	2.2 NAME	
STREET ADDRESS	967 SOUTHRIDGE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS, F	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 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)(k), 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:

Patricia A. Whaley

15 Apr. 1996

Date

407-682-2700

Daytime Phone #

CR2E034 (12/95)