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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V23277

(9)

Mailing Address

901 W STATE BOAD 436

ACCOLADE SYSTEMS KONSULTANTS, INC.

FILED
Feb 06 1997 8:00am
Secretary of State

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US	SPRINGS FL 32714	1083 Altamonte Springs Fl US	. 32714-3052		Date Incorporated or Qualified 03/24/1992		te of Las 18/19	st Report
2. Principa! P	lace of Business	2a. Mailing Address	······································		4. FEI Number			Applied For
1]		26			59-3116422			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	c	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip]	Country 25	Zip 29	Countr 30	у	This corporation has liability for Florida Statutes		tax unde	er s. 199.032,
	9. Name and Address of Curren		1771	·····	10. Name and Address of New Re		gent	
WH	ALEY, PATRICIA A.		81	Name		ı		
967	SOUTHRIDGE AVE		82	Street Add	dress (P.O. Box Number is Not Acceptate	oie)		
ALT	AMONTE SRPINGS FL 32714		83	1	· · · · · · · · · · · · · · · · · · ·			
			84	City		FL	85 2	ip Code
II Due och	to the provisions of Costions 607.050	2 and 607 1509 Florida Ctated	ton the above	io named ass	poration submits this statement for the p		abasa -	a ite racietare
IGNATURE	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		gent signature requ	ired when reinstating)	DATE		
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I no nereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further exempt 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: SCHATCHE AND TYPE OF PRINTED NAME OF STORING OFFICER OF DIRECTOR Wholey 22 Jan 27 407-682-2700