SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

801 W. STATE ROAD 436

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

Mailing Address

801 W. STATE ROAD 436

ACCOLADE SYSTEMS KONSULTANTS, INC.

1083 ALTAMONTE SPRINGS FL 32714 1083 US US				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
					03/24/1992			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	··	Ap	plied For
21 801 W. State Road 436 26 801 W. State Road				436	36 59-3116422			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8	3.75 ₽	dditional
22 2101 27 2101					5. Certaicate of Status Desired		Fee Re	quired
City & State City & State				6. Election Campaign Financing \$5.00			May Be	
23 Altan	onte Springs FL	28 Altamonte 3	Prinse	1-6	Trust Fund Contribution		Added 1	
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the			
24 32 1/	9, Name and Address of Curre		30 LS		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes		No
SAR 4		nt Registered Agent	B'	Name	10. Name and Address of New Registe	rea Agen	·	
	ALEY, PATRICIA A.		١	Taille				
967 SOUTHRIDGE AVE ALTAMONTE SRPINGS FL 32714				82 Street Address (P.O. Box Number is Not Acceptable)				
TIL I	AMORIE OFFIRGS FL 32/ 14		83					
				<u></u>				
			84	City		FL 85	Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered.	Agent signature rec	quired when rainstating) DA	TE.		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIF	RECTO	RS IN 12
TITLE	PT	DELETE	1.1 TITLE]			hange	Addition
NAME	WHALEY, PATRICIA A		1.2 NAME					
STREET ADDRESS	967 SOUTHRIDGE AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, F		1.4 CITY-S	T-ZIP				
TITLE	VS	DELETE	2.1 TITLE	1		[_] c	hange	Addition
NAME	WHALEY, RICHARD L		2.2 NAME	1				
STREET ADDRESS	987 SOUTHRIDGE AVE			TADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS, F	·····	2.4 CITYS	T-ZIP				<u> </u>
TRLE		DELETE	3.1 TITLE				hange	Addition
NAME	1		3.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP TITLE		Dructe	3.4 CITY S 4.1 TITLE	1-2119		1		Г — , , , , , , , , , , , , , , , , , ,
NAME		L_ DELETE	4.1 MILE			LJ C	hange	Addition
STREET ADDRESS	}			ADDRESS				
			4.4 CITY-S					
CITY-ST-ZIP								

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 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 frustee 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.

DELETE

DELETE

9 deal 98

Change Addition

Change Addition

FILED

Sep 17 1998 8:00am

Secretary of State