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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V57117 (6)
1. Corporation Name
D. & I. ACCOUNTANTS AND TAX CONSULTANTS, INC.



Principal Place of Business
2934 FOREST HILL BLVD
SUITE 204
W. PALM BEACH FL 33406
US

Mailing Address
2934 FOREST HILL BLVD
SUITE 204
W. PALM BEACH FL 33406-5961
US

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 8895 N. Military Trl
Suite, Apt. #, etc.
22 204 E
City & State
23 Palm Beach Gardens FL
Zip Country
24 33410 25 USA

2a. Mailing Address
26 8895 N Military Trl
Suite, Apt. #, etc.
27 204 E
City & State
28 Palm Beach Gardens FL
Zip Country
29 33410 30 USA

4. FEI Number
65-0348707

Applied For
Not Applicable

6. 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
IACIOFOLI, JOSEPH E.
2924 FOREST HILL BLVD
SUITE 204
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name Joseph E. IACIOFOLI JR
82 Street Address (P.O. Box Number is Not Acceptable)
8895 N Military Trl 204E
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 *[Signature]* DATE 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------------|---|-------------|-------------------------------------|
| S | DE LISI, MARTIN V. | 2934 FOREST HILL BLVD W. PALM BEACH FL | | <input checked="" type="checkbox"/> |
| P | IACIOFOLI, JOSEPH E. JR. | 2934 FOREST HILL BLVD W. PALM BEACH FL | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 4/30/97 561-672-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)