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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division of Corporations

1996

DOCUMENT # **V64669**

(7)

ACCOUNTAX ASSOCIATES, INC. Principal Place of Business Mailing Address 611-D NW 60TH ST. GAINESVILLE FL 32607 GAINESVILLE FL 32607						
GAINESVILLE FL 32607		GAINESVILLE FL 32007		Date Incorporated or Qualified 3a. Date of Last Report OF INSTANCE OF IN		
				09/16/1992 4. FET Number	05/01/19	
2. Principal Plac	e of Business	2a. Mailing Address		59-3142306	—	pplied For lot Applicable
<u> </u>		Suite Apt. #, etc				Additional
Suite, Apt. #,	etc.	27		5. Certificate of Status Desired	7	Required
City & State		City & State		6. Election Campaign Financing	\$5.00) May Be
3		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zgo	Count y	8. This corporation has liability for i	intangible tax under s	199.032,
4	25	29	30		MN∘	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	legistered Agent	
			81 Name			
BLACK, MICHAEL D. 611-D NW 60TH ST.			£2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
			£ 3			
GAINES	SVILLE FL 32607		L'.L			
			84 City		FL 85 Zip	Code
Tallinal Will		Jon 607.0505, Florida Statut	es	and of directors. Thereby accept the app		
SIGNATURE 5	igiar se based cipintil traks et ngi tin til e	nantre talah AR () at ND DIRECTORS	nsis Raji kwa Akirut separan mbas 13.		DATE TICERS AND DIRECTO	FIS IN 12
SIGNATURE	igiar se based cipintil traks et ngi tin til e	nunntro tiigi wa	es 1908: Regiões l'Ájert sojent en téco	ord whereas sistems	DA1F	
SIGNATURE 5	ogiar de listed o provincial actores to a con- OFFICERS AN	nantre talah AR () at ND DIRECTORS	13. 1.17d E. 1.2.NAME	ADDITIONS/CHANGES TO OFF	DATE TICERS AND DIRECTO	FIS IN 12
SIGNATURE 5	ogiar se hasadio perofitration choquitrations OFFICERIS AN	nantre talah AR () at ND DIRECTORS	13. 1.17d E. 1.2.NAME	ord whereas sistems	DATE TICE HS AND DIRECTO (A) Change	FIS IN 12
SIGNATURE S 12. TITLE NAME	OFFICERS AND BLACK, MICHAEL D.	ND DIERE CHORES	13. 1174 E 12 SEP ET ADDRESS 14 CH - SEP ET A	ADDITIONS/CHANGES TO OFF	DATE TICE RS AND DIBLICATO THE Change	FIS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	nantre talah AR () at ND DIRECTORS	13. 1 11d E 12 NANE 1 3 STP FLADBESS 1 4 CU - SL-ZP 2 1 H E	ADDITIONS CHANGES TO OFF	DATE TICE HS AND DIRECTO (A) Change	FIS IN 12
SIGNATURE 5 12. TITLE N4ME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIERE CHORES	13. 1 174 E 12 NANE 1 3 STP FLADBESS 1 4 CU - S1 - ZP 2 1 TH E 2 2 NALE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLICATO THE Change	FIS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIERE CHORES	13. 1 174 E 12 NANE 1 3 STP FLADDRESS 1 4 CH - S1-7P 2 1 TH E 22 NATE 2 3 STPFT ADDRESS	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLICATO THE Change	FIS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECTIONS DELETE	13. 1 1 1 1 1 E 1 2 NAME 1 3 STR FLADDRESS 1 4 CU - SL-ZP 2 1 1 U E 2 2 NA E 2 3 STRET ADDRESS 2 4 CU - S^-ZP	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLICATO THE Change	FIS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIERE CHORES	13. 1 1 1 1 1 E 12 NANE 13 STP FLADORESS 14 CU - S1-7P 2 1 11 E 22 NAT E 23 STFEET ADDRESS 24 CU - S'-7P 3 1 III E	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO DE Change 3 2 5 3 Change	RS IN 12 Addition Addition
SIGNATURE 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECTIONS DELETE	13. 1 1 1 1 1 E 12 NANE 13 STE FLADORESS 14 CH - ST - 7P 2 1 11 E 22 NAT E 23 STEET ADDRESS 24 CH - ST - 7P 3 1 HT E 32 NATE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO DE Change 3 2 5 3 Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECTIONS DELETE	13. 1 1 1 1 1 E 12 NANE 13 STP FLADORESS 14 CU - S1-7P 2 1 11 E 22 NAT E 23 STFEET ADDRESS 24 CU - S'-7P 3 1 III E	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO DE Change 3 2 5 3 Change	RS IN 12 Addition Addition
SIGNATURE 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECTIONS DELETE	13. 1 1 1 1 1 E 12 NAME 13 STR FLADDRESS 14 CH - S1-74P 2 1 1 1 E 22 NALE 23 STREET ADDRESS 24 CH - S'-74P 3 1 HT E 32 NAME 33 ST-ECT ADDRESS	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO DE Change 3 2 5 3 Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE THE THE THE THE THE THE	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECT ORS DELETE	13. 1 1 1 1 1 E 12 NANE 13 STEFT ADDRESS 14 CH - ST-7P 2 1 TH E 22 NAT E 23 STEET ADDRESS 24 CH - ST-7P 3 1 HT E 32 NATE 33 ST-6CT ADDRESS 34 CH - ST-7P	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO BY Change 37653 Change	PS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECT ORS DELETE	13. 1 1 174 E 12 NAME 13 STR FLADDRESS 14 CH - SL-ZIP 2 1 111 E 22 NALE 23 SIFEET ADDRESS 24 CH - ST-ZIP 3 1 III E 32 NALE 33 SI-ECT ADDRESS 34 CH - ST-ZIP 4 1 TILLE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO BY Change 37653 Change	PS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 12 NAME 13 STR FLADDRESS 14 CH - SL-ZP 2 1 11 E 22 NALE 23 SIFET ADDRESS 24 CH - SL-ZP 3 1 HT E 32 NAME 33 SI-ECT ADDRESS 34 CH - SL-ZP 4 1 THE 42 NALE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO THE Change 37653 Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIFFECT ORS DELETE	13. 1 1 1 1 1 E 12 NAME 13 STM F1 ADDRESS 14 CH - S1 - ZM 2 1 1 1 E 22 NAM E 2 2 NAM E 2 3 STM F1 ADDRESS 24 CM - S1 - ZM 3 T III E 32 NAME 33 STM F1 ADDRESS 3 CM - S1 - ZM 4 T THE 42 NAME 43 STM EE ADDRESS	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO BY Change 37653 Change	PS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 1 2 NAME 1 3 STR FLADDRESS 1 4 GU - ST - ZP 2 1 ULE 2 2 ML E 2 3 STREET ADDRESS 2 4 CU - ST - ZP 3 1 TILE 3 2 NAME 3 3 STREET ADDRESS 3 4 CU - ST - ZP 4 1 TILE 4 2 NAME 4 3 STREET ADDRESS 4 4 CU - ST - ZP 5 1 TL E 5 1 TL E 5 2 NAME	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO THE Change 37653 Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 12 NAME 13 STM F1 ADDRESS 14 CH - S1 - ZP 2 1 1 1 E 22 NAME 2 2 NAME 2 3 STM F1 ADDRESS 24 CH - S1 - ZP 3 1 THE 32 NAME 33 STM F1 ADDRESS 3 CH - S1 - ZP 4 THEE 42 NAME 43 STM E1 ADDRESS 44 CH - S1 - ZP 5 THEE 52 NAME 53 STMEET ADDRESS	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO THE Change 37653 Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 1 2 NAME 1 3 STM F1 ADDRESS 1 4 GH - ST - ZP 2 1 1 H E 2 2 NAT E 2 3 STM F1 ADDRESS 2 4 CM - ST - ZP 3 1 H E 3 2 NAME 3 3 ST - GTT ADDRESS 3 5 CM - ST - ZP 4 1 THE 4 2 NAME 4 3 STM EE ADDRESS 4 4 CM - ST - ZP 5 1 TH - E 5 2 NAME 5 3 STM EET ADDRESS 4 CM - ST - ZP	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO THE Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 11. 11. 11. 11. 11. 11. 11. 1	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 12 NAME 13 STH F1 ADDRESS 14 GH - S1 - ZP 2 1 1 1 E 22 NAM E 23 STHYFT ADDRESS 24 CH - S1 - ZP 3 THE 33 NAME 33 STHYFT ADDRESS 34 CH - S1 - ZP 4 THE 42 NAME 43 STHEE ADDRESS 44 CH - S1 - ZP 5 THE 52 NAME 43 STHEET ADDRESS 54 GH - ST - ZP 6 THE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLOTO THE Change 37653 Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 11. 11. 11. 11. 11. 11. 11. 1	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 12 NAME 13 STM F1 ADDRESS 14 CH - ST - ZP 2 1 1 H E 22 NAME 2 3 STM F1 ADDRESS 24 CM - ST - ZP 3 T H E 32 NAME 33 ST - GT ADDRESS 3 CM - ST - ZP 4 T THE 42 NAME 43 STM EE ADDRESS 44 CM - ST - ZP 5 T T L E 52 NAME 53 STM EET ADDRESS 54 CM - ST - ZP 6 T T L E 62 NAME	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO THE Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND BLACK, MICHAEL D. 507-305 NW 39TH RD.	ND DIRECTIONS DELETE DELETE	13. 1 1 1 1 1 E 12 NAME 13 STH F1 ADDRESS 14 GH - S1 - ZP 2 1 1 1 E 22 NAM E 23 STHYFT ADDRESS 24 CH - S1 - ZP 3 THE 33 NAME 33 STHYFT ADDRESS 34 CH - S1 - ZP 4 THE 42 NAME 43 STHEE ADDRESS 44 CH - S1 - ZP 5 THE 52 NAME 43 STHEET ADDRESS 54 GH - ST - ZP 6 THE	ADDITIONS CHANGES TO OFF	DATE TICE RS AND DIBLECTO THE Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closes not quality for the exemption stated in Section 119.07(3)(A), Florida Statutes. I furner certify that the information inclicates on this annual report of suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empower of 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:

Muchael D. Slaven
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECT OR

4/24/96

Dayting Phone #