

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 678005 (0)**

1. Corporation Name  
**A-1 ACCOUNTING ENTERPRISES, INC.**

95 MAY -1 AM 5:25

Principal Place of Business: **3915 LOMA FLAGE- SARASOTA FL 34232-5541**  
Mailing Address: **3307 CLARK ROAD SUITE 204 SARASOTA FL 34231 US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3b. Date of Last Report
21. <b>3307 Clark Rd</b>	26. <b>3307 Clark Rd</b>	<b>07/10/1980</b>	<b>05/01/1994</b>
22. <b>204</b>	27. <b>FL</b>	4. FEI Number	Applied For
23. <b>SARASOTA FL</b>	28. <b>FL</b>	<b>59-2020602</b>	<input type="checkbox"/> Not Applicable
24. <b>34231</b>	29. <b>FL</b>	5. Certificate of Status Deared	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	30. <b>FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under S. 199 (2)(b), Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SPIEGEL, DAVID B 3307 CLARK ROAD, SUITE 204 SARASOTA FL 34281</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	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 607.3505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	<b>PDST</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIEGEL, DAVID B</b>	2. NAME	
STREET ADDRESS	<b>3516 DESCO ROAD</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>NORTH PORT FL</b>	4. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 199.07(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **R. P. Spiegel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95