

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

**APPROVED AND FILED**

95 APR 26 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000077065 (8)  
1. Corporation Name  
**L & A ACCOUNTING SERVICES, INC.**

Principal Place of Business Mailing Address  
13438 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410  
13438 WILLIAM MEYER COURT PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 10/18/1994 3a. Date of Last Report  
4. FEI Number 65-0565936 Applied For Not Applicable  
5. 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

2. Principal Place of Business 2a. Mailing Address  
21 11000 Prosperity Farms Rd. 26 11000 Prosperity Farms Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 104 27 Suite 104  
City & State City & State  
23 Palm Beach Gardens, FL 28 Palm Beach Gardens, FL  
Zip Country Zip Country  
24 FL 33410 25 Fla Bel 29 33 410 30 Fla Bel

9. Name and Address of Current Registered Agent  
**LEONE, PHILIP E  
901 NORTHPOINT PARKWAY SUITE 310  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81 Name Philip E. Leone  
82 Street Address (P.O. Box Number is Not Acceptable) 11000 Prosperity Farms Rd. - Ste 104  
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 *Philip E. Leone* DATE 4/20/95  
Signature, typed or printed name of registered agent, and date of appointment. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEONE, DOROTHY R
STREET ADDRESS	13438 WILLIAM MEYER COURT
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President / Renew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Dorothy R. Leone
1 3 STREET ADDRESS	11000 Prosperity Farms Road, Suite 104
1 4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Dorothy R. Leone* DATE 4-20-95 TELEPHONE # 407-626-8876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR