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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

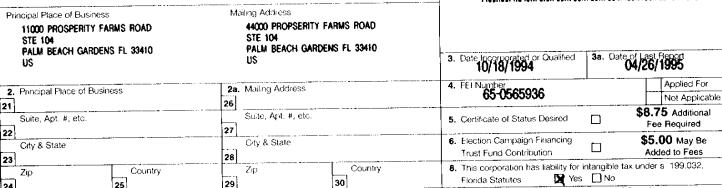
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P94000077065 (8)

1. Corporation Name

25

L & A ACCOUNTING SERVICES, INC.



LEONE, PHILIP E		
11000 PROPSERITY FARMS RE		
STE 104		
PALM BEACH GARDENS FL 33	410	

9. Name and Address of Current Registered Agent

29

ntry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	10. Name and Address of New Registered Agent			
81	Name			
62	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City FL 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. Suct. change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO DELETE	1 1 TIT.E	Change Addition
NAME	LEONE, DOROTHY R 11000 PROSPERITY FARMS ROAD, STE 104 PALM BEACH GARDENS FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADURASS	
CITY-ST-ZIP		1.4 CiTY - ST - ZiP	
TITLE	☐ DELET€	2 1 TiT: E	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CHTY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY - ST - 7IP	
TITLE	☐ DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CHY-ST-ZIF	
TITLE	☐ DELETE	5 1 THILE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIP	
TITLE	DELETE	6 1 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-S1-ZIP		6 4 CITY - ST - ZIP	ALC OZIOVIA Flacido Chabitan I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attention entirely in an address.

SIGNATURE:

3-30-96 407-626-8876

CR2E034 (12/95)