


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G86661** (7)

1. Corporation Name
AFFILIATED BUSINESS SOLUTIONS, INC.

Principal Place of Business 120 N.W. 12TH AVENUE TAX DEPT DEERFIELD BEACH FL 33442	Mailing Address 120 N.W. 12TH AVENUE LEGAL DEPT DEERFIELD BEACH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 111 NW 12th Avenue 27 Suite, Apt. #, etc. 28 Deerfield Beach, FL 29 Zip 30 Country	3. Date Incorporated or Qualified 02/28/1984 4. FEI Number 59-2886988 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 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. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELAN, JOHN J.	1.2 NAME	Gary L. Thomas
STREET ADDRESS	100 NW 12TH AVE	1.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, JANICE M.	2.2 NAME	Jeffrey L. Hayman
STREET ADDRESS	100 NW 12TH AVE	2.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, A TUCKER	3.2 NAME	Colin W. Brown
STREET ADDRESS	100 NW 12TH AVENUE	3.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DARYL	4.2 NAME	
STREET ADDRESS	100 N.W. 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	
TITLE	DVAT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, PATRICIA G.	5.2 NAME	
STREET ADDRESS	100 NW 12TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES M.	6.2 NAME	
STREET ADDRESS	100 N.W. 12TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John J. Whelan

3/19/98

954-429-2010

CR2E034 (10/97)