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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90001 006 ***150.00

	ED BUSINESS SOLUTIONS,	INO.				· [
Principal Place	e of Business	Mailing Address				-		BRINE IVAL ATALL AL		I) DIB) GIG II 1881	
120 N.W. 12TH	AVENUE	111 NW 12TH AVE									
TAX DEPT		DEERFIELD BEACH FL 33442				DO NOT WE	RITE IN THIS	SPACE			
DEERFIELD BEACH FL 33442 US						3. Date Incorporated or Qualifed					7
						02/28/	1984		_		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number				Applied For]
21		26 111 NW 12th Avenue				59-2886988				Not Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate	of Status Desired		•	Additional Required	
22		City & State				D. Flaction (-			-
City & State		28 Deerfield Beach, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				1	
Z íp	Country	Zip	Coun			+	oration owes the cu	rrent year inta			1
24	25	33442 J	30			Personal	Property Tax.		Yes	□No	
	9. Name and Address of Current					10. Name an	d Address of New	Registered /	Agent]
			1	B1 Na	me						
	CORPORATION SYSTEM			B2 Str	eet Addre	ess (P.O. Box N	umber is Not Accep	table)			1
	S. PINE ISLAND ROAD										╡
PLA	NTATION FL 33324		-	83				•	•		}
				B4 Cit		— . ——-	_ .		85 Zi	p Code	1
	to the provisions of Sections 607.0502						11.5	FL		its registered	-
11. Puisuaiii	egistered agent, or both, in the State of	f Florida Such change was au	thorized	by the c	ornaratio	n's board of dire	ectors. I hereby acc	ept the appoir	ntment as	registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statut	es.	Orporado	., 0 000.0	•				
office or r agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statul	es.		I when reinstating)		DATE			
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori and title if applicable. (NOTE.) DIRECTORS	ida Statul	es.	ture required	when reinstating)	S/CHANGES TO C	DATE	D DIREC	TORS IN 12	- - - - -
agent. I a	m familiar with, and accept the obligate	and title if applicable. (NOTE.	Registered A	es. gent signa	ture required	I when reinstating) ADDITION	IS/CHANGES TO C	DATE		TORS IN 12	
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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, with all other like empowered.

SIGNATURE:

John J. Whelan, Secretary 2-16.94

954 429-2010