

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90001 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G86661**

1. Corporation Name  
**AFFILIATED BUSINESS SOLUTIONS, INC.**

Principal Place of Business  
**120 N.W. 12TH AVENUE  
 TAX DEPT  
 DEERFIELD BEACH FL 33442**

Mailing Address  
**111 NW 12TH AVE  
 DEERFIELD BEACH FL 33442  
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/28/1984**

4. FEI Number  
**59-2886988**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **111 NW 12th Avenue**

27 Suite, Apt. #, etc.

28 **Deerfield Beach, FL**

29 **33442** 30 Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHELAN, JOHN J.</b>	1.2 NAME	<b>Jon A. Brilliant</b>
STREET ADDRESS	<b>100 NW 12TH AVE</b>	1.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	1.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, GARY L</b>	2.2 NAME	<b>James R. Foster</b>
STREET ADDRESS	<b>100 NW 12TH AVE</b>	2.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	2.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, A TUCKER</b>	3.2 NAME	<b>Caren Janee Snead</b>
STREET ADDRESS	<b>100 NW 12TH AVENUE</b>	3.3 STREET ADDRESS	<b>100 NW 12th Avenue</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>
TITLE	<del><b>D</b></del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>HAYMAN, JEFFREY L</b></del>	4.2 NAME	
STREET ADDRESS	<del><b>100 N.W. 12TH AVE.</b></del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del><b>DEERFIELD BEACH FL 33442</b></del>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, COLIN W</b>	5.2 NAME	
STREET ADDRESS	<b>100 NW 12TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: John J. Whelan **John J. Whelan, Secretary** 2-16-99 954 429-2010

CR2E034 (11/98)