

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # H65610 (8)**

1. Corporation Name

**SAXON BUSINESS SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**13925 NW 69 AVENUE  
 MIAMI LAKES, FL 33014**

**13925 NW 60 AVE.  
 MIAMI LAKES, FL 33014  
 US**

3. Date incorporated or Qualified

3a. Date of Last Report

**07/10/1985**

**02/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-2560595**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABBATE, GLENDA  
 2690 WALKER'S WAY  
 FT. LAUDERDALE, FL 33331**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

**4/28/97**

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DC**  DELETE  
 NAME: **ABBATE, GLENDA M.**  
 STREET ADDRESS: **2690 WALKERS WAY**  
 CITY, ST, ZIP: **FT. LAUDERDALE, FL**

1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

TITLE: **D**  DELETE  
 NAME: **BOUNDS, J.H.**  
 STREET ADDRESS: **13925 NW 60 AVE**  
 CITY, ST, ZIP: **MIAMI LAKES, FL**

2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

6.1 TITLE:  Change  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 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:

**FLORIO J. ABBATE**

**4/28/97**

**(305) 362-0100**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)

**000002190580**  
**-05/27/97--01003--011**  
**\*\*\*173.75**

**CS**  
**5/14/97**