

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H67646 (0)  
1. Corporation Name  
ON-TARGET SOLUTIONS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:37



Principal Place of Business Mailing Address  
4730 S HEMINGWAY CIR 4730 S HEMINGWAY CIR  
MARGATE FL 33063 MARGATE FL 33063  
US US

DO NOT WRITE IN THIS SPACE

98-99

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified  
07/23/1985  
4. FEI Number 59-2576471 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ALLBRITTEN, C. J.  
4730 S HEMINGWAY CIR  
MARGATE FL 33063

10. Name and Address of New Registered Agent  
11. Name  
12. Street Address (P.O. Box Number is Not Acceptable)  
13. City  
14. State  
15. Zip Code

11. I, the undersigned, in accordance with 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, principal place of business, 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 taking full and accountable obligations of Section 607.0505, Florida Statutes.

SIGNATURE: C.J. Allbritten DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, B. J.	1.2 NAME	
STREET ADDRESS	182 COLLY WAY	1.3 STREET ADDRESS	100003020191
CITY-STATE-ZIP	N LAUDERDALE FL	1.4 CITY-STATE-ZIP	-10/21/93--01010--025
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	***988.75 Change ***2008 Addition
NAME	SARABYN, CHARLES W.	2.2 NAME	
STREET ADDRESS	406 W. WAYNE ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DOWAGIAC MI	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLBRITTEN, C. J.	3.2 NAME	
STREET ADDRESS	4730 S HEMINGWAY CIR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COCONUT CREEK FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied in 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 supplementary 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: [Signature] DATE: 10/1/98 (954) 917-5336

CR2E034 (10/97)