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Apr 10 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 # J98108 (0)
1. Corporation Name
ALL-PHASE BUSINESS SERVICES, INCORPORATED



Principal Place of Business
4280 GALT OCEAN DR.
APT 1RM
FT. LAUDERDALE FL 33308
US

Mailing Address
P.O. BOX 24504
FT. LAUDERDALE FL 33307-4504

3. Date Incorporated or Qualified: 10/16/1987
3a. Date of Last Report: 03/11/1996
4. FEI Number: 65-0146139
Applied For: Not Applicable
6. 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

2. Principal Place of Business
21. 909 SE 10TH COURT
Suite, Apt #, etc.
22. DEERFIELD BEACH FL
City & State
23. 33441-7006
Zip Country
24. USA
25. USA
26. Mailing Address
27. Suite, Apt #, etc.
28. DEERFIELD BEACH FL
City & State
29. 33441-7006
Zip Country
30. USA

9. Name and Address of Current Registered Agent
CLEAVER, VERONICA A
4280 GALT OCEAN DRIVE
APT 1RM
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81. Name: VERONICA A. CLEAVER
82. Street Address (P.O. Box Number is Not Acceptable): 909 S.E. 10TH COURT
83.
84. City: DEERFIELD BEACH FL 85. Zip Code: 33441

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: *Veronica A. Cleaver* (NOTE: Registered Agent signature required when reinstating) DATE: 3/31/97

12. OFFICERS AND DIRECTORS	
TITLE: D NAME: CLEAVER, VERONICA A STREET ADDRESS: 4280 GALT OCEAN DR. CITY - ST - ZIP: FT. LAUDERDALE FL 33308	<input type="checkbox"/> DELETE
TITLE: D NAME: CLEAVER, ROBERT A STREET ADDRESS: 4280 GALT OCEAN DR. CITY - ST - ZIP: FT. LAUDERDALE FL 33308	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D 1.2 NAME: CLEAVER, VERONICA A. 1.3 STREET ADDRESS: 909 SE 10 TH COURT 1.4 CITY - ST - ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: CLEAVER, ROBERT A. 2.3 STREET ADDRESS: 909 S.E. 10 TH COURT 2.4 CITY - ST - ZIP: DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert A. Cleaver* DATE: 3-31-97 (954) 481-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)