

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



BY THE DEPARTMENT OF STATE
ANDREW R. MATHIAS
COMMISSIONER

APPROVED
[Signature]

DOCUMENT # **K83551**

(7)

2000-1-111747

PHOENIX BUSINESS SYSTEMS, INC.

PHOENIX BUSINESS SYSTEMS, INC.
TALLahassee, FL 32310

7100 CAMINO REAL BOCA RATON FL 33433

3. Date of Filing: **04/26/1989**
3a. Date of Term Expires: **08/11/1994**

21. Principal Office: **751 PARK OF COMMERCE DR. BOCA RATON FL 33487**
22. State of Office: **FL**
23. City: **BOCA RATON FL**
24. Zip: **33487**

4. Filing Number: **65-0114712**
5. Contribution State: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation is liable for intangible tax under S. 199.002: Yes No

9. Name and Address of Current Registered Agent
**DAWSON, MICHAEL
751 PARK OF COMMERCE DR.
SUITE 126
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. City: _____
84. State: **FL**
85. Zip Code: _____

11. I, the undersigned, certify that I am the duly authorized officer or agent of the corporation named herein, and that I am qualified to execute this statement for the purpose of changing its registered office and principal office, and that I am qualified to execute this statement for the purpose of changing its registered office and principal office.

SIGNATURE: _____

12. NAME	PST DAWSON, MICHAEL
12. STREET ADDRESS	751 PARK COMMERCE DR., STE. 126
12. CITY	BOCA RATON FL
12. STATE	
12. ZIP CODE	
12. NAME	
12. STREET ADDRESS	
12. CITY	
12. STATE	
12. ZIP CODE	
12. NAME	
12. STREET ADDRESS	
12. CITY	
12. STATE	
12. ZIP CODE	

13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Add New
13. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I, the undersigned, certify that the information requested on this form is true and correct, and that I am qualified to execute this statement for the purpose of changing its registered office and principal office, and that I am qualified to execute this statement for the purpose of changing its registered office and principal office.

SIGNATURE: *Michael Dawson*
MICHAEL DAWSON, COMMISSIONER OF THE DEPARTMENT OF STATE

4/27/95 (407)241-9900