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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999 .



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K85101

1. Corporation Name

Principal Place of Business

ESSENTIAL BUSINESS SERVICES, INC.

2700 W OAKLAI 24C OAKLAND PARK US		2700 W OAKLAND PK BLVD 24C OAKLAND PARK FL 33311 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/03/1989						
2. Principal Place of Business 2a. Mailing Address				·			FEI Number		$\top \top$	Appl	ied For
<del>-</del>	ಷ್ಟ್ರಾಪ್ತಿಯ ಪ್ರಾಪ್ತಿಯ	26			_	1	65-0119169				Applicable
Suite, Apt.		Suite, Apt. #, etc.					Certificate of Status Desired				ditional
22						J. 1	Certificate of Status Desired		Fee	Requ	ıired
City & State		City & State				6.	Election Campaign Financing		\$5.0	<b>00</b> м	lay Be
23		28				<u> </u>	Trust Fund Contribution	_	Add	led to	Fees
Zip	Country	Zip	Country			8.	This corporation owes the current ye			_	ا ا
24	25 29 30							Yes	L	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Regis	tered A	<u>jent</u>	<del></del>	
51 W	uno titure		81	ין וי	Name						
PHILLIPS, JANET			82	82 Street Address (P.O. Box Number is Not Acceptable)							
2700 W OAKLAND PARK BLVD								_			
STE24C			83	3							
OAKLAND PARK FL 33311			84	۲,					85 2	Zip Co	nde
			04	ή,	City			FL	65   2	_,p	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12. OFFICERS AND DIRECTORS				13.			DDITIONS/CHANGES TO OFFICE	RS AND	DIREC	CTOR	S IN 12
TITLE	DP STITULE OF THE	☐ DELETE	1.1 TITLE						☐ Chan	ige	☐ Addition
NAME	PHILLIPS, JANET	_		1.2 NAME							
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ALICA SAME ALONG PI		C 240	1.4 CITY-ST-ZIP		į						
CITY-ST-ZIP				2.1 TITLE					☐ Chan	nge	Addition
NAME	PHILLIPS, BARBARA J	<u> </u>	2.2 NAME								
		E. 24C	2.3 STREE		YNDESS -					-	
STREET ADDRESS	2700 W OAKLAND PK BLVD STE 24C OAKLAND PARK FL		2.4 CITY-ST		i						
CITY-ST-ZIP	DELETE		3.1 TITLE						Char	nge	Addition
1		<u> </u>		3.2 NAME							
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CITY-ST-ZIP	<u> </u>		5.4 CITY-5		UP				O Chee	<b></b> .	Addition
TITLE CIE	· ·	☐ DELETE	6.1 TITLE						Char	ige	☐ Addition
NAME CVS	於此類於四多。撰述和		6.2 NAME		]						Ì
STREET ANDRESS	明		6.3 STREE	ET AC	DDRESS						

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.