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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90007 002 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75-Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable

POCOMENT # P9800000937 5	
1. Corporation Name	
AFFORDABLE BUSINESS SERVICES INC.	

Principal Place of Business 5740 ROCK ISLAND RD, STE 272 TAMARAC FL 33319

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STREET ADDRESS

Mailing Address 5740 ROCK ISLAND RD. STE 272

TAMARAC FL 33319

2a. Mailing Address 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc.____ 27

City & State City & State 28 Country Zip Country Zip

25 29 9. Name and Address of Current Registered Agent

DONOVAN, CHARLES J 5740 ROCK ISLAND RD, STE 272 TAMARAC FL 33319

	Personal Property Tax.	☐ Yes	☑ No			
	10. Name and Address of New Re	gistered Agent				
Name						
Street Add	ress (P.O. Box Number is Not Acceptable	le)				

This cornoration owes the current year Intangible

82 83 85

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/31/1998

FEL Number

65-C

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	, (NOTE: R	egistered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE		Change	Addition
NAME	DONOVAN, CHARLES J		1.2 NAME		•	
STREET ADDRESS	ET LO DOCK ICLAND DD OTE 070		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	Addition Addition
NAME	DONOVAN, CHARLES J		2.2 NAME			
STREET ADDRESS	5740 ROCK ISLAND RD, STE 272		23 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319		2, 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Additio
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Additio
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Additio
NAME			6.2 NAME			

CITY-ST-ZIP 14. I 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 of the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP