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

DOCUMENT # 664859

BUSINESS SERVICES, INC.

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Principal Place	of Business	Mailing Address			I SUDISE DISID BELLS DISUS SUIDI BIISD SUIT I	FKU#1 B1 \$11 W1014 01015 W	(B)(W) H() (B)()
677 ROYAL PAL	LM BLVD	505 BEACHLAND BLVD.					
#10 SUITE 1-273				DO NOT WRITE IN	THIS SDACE		
VERO BEACH FL 32960 VERO BEACH FL 32963 US US				3. Date Incorporated or Qualifed	THIS GFACE		
US		00			02/28/1980		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	400 01 000111000	26			59-2059431	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	Additional
27		<i>0</i> − ∸		5. Certificate of Status Desired	Fee Re	quired	
City & State	9 .	City & State			6. Election Campaign Financing	\$5.00	* 1
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Registe		C1140
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	ned Agent	
WAI.	TER KUHN					<u></u> .	
	ROYAL PALM BLVD.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
#10			83	3			
	O BEACH FL 32960						
VENO BEACHTE 02000			84	84 City FL 85 7		FL 85 Zip C	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s, the abov	/e-named co	moration submits this statement for the purpor	se of changing its	registered
1	egistered agent or both in the State of	Florida Such change was au	thorized by	44	vice's beard of disasters. I haraby account the	appointment as rec	nistered (
onice or n	m familiar with and accort the obligation	one of Section 607 0505. Flori	da Statute	the corpora	tion's board of directors. I hereby accept the		1
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	, the corpora s.	RION'S BOARD OF DIRECTORS. I Hereby accept the a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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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 or the region or trustee empowered to execute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an adaptment with an address, with all other like empowered.

QURED

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

561-164-0754

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90149 048 ***150.00