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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montano
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F84865** (7)
1. Corporation Name
BUSINESS MANAGEMENT SOLUTIONS, INCORPORATED



Principal Place of Business

2025 ART MUSEUM DR.
JACKSONVILLE FL 32207

Mailing Address

2025 ART MUSEUM DR.
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

FLEMMER, RICHARD A.
8366 KIM RD.
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 602.02 and 602.03, 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 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	P FLEMMER, R. A.	8366 KIM RD.	JACKSONVILLE FL
	ST FLEMMER, D.L.	8366 KIM RD.	JACKSONVILLE FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an addendum attached with this filing.

SIGNATURE: *D.L. Flemmer* D.L. FLEMMER 2/24/96 904396-1389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)