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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 05 1997 8:00am Secretary of State



PREDICTIVE BUSINESS DECISION SYSTEMS, INCORPORAT ED							
Principal Place of Business	Mailing Address	-					
GO4 LIABNEY AVENUE	204 MADUEV AVENUE						

261 HARVEY AVENUE LINCROFT NJ 07738			261 HARVEY AVENUE LINCROFT NJ 07738-1349											
			_					•	3. Date incorporated of 12/08/1995	or Qualified	3a. Date of Last Report 05/01/1996			
2. Principal Place of Business				2a. Mailing Address				•	4. FEI Number		-A		pplied For	
21				26					22-3401271 Not Applica					
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27				5. Certificate of Status	Dosired		Fee Required			
City & State				City & State				•	Election Campaign Trust Fund Contribution		May Be to Fees			
Zip		Country	<u> </u>	Zip on	Count	ry	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
24 25 29 30 9. Name and Address of Current Registered Agent						101		10. Name and Address of New Registered Agent						
BANASIAK, RONALD 81								me						
	4TH STREE					8	2 Street	Addrage	(P.O. Box Number is N	lot Accentah	151			
	OH ACRES F							Muuress	(P.O. BOX Normacria i	MDI MODEPIED	ne;			
f man som englige	- a ₁ -					8	3	_						
e .						8	4 City		,		FL	85 Zip	Code	
11. Pursuant t	to the provisio	ns of Sections 6	07.0502 an	id 607.1508, Flor	rida Statutes	the abo	ve-named	corporal	ion submits this staten	nent for the p	urpose of	changing i	ts registered	
agent. I a	egistered she	nt, or born, in th i, and accept th	o obligation	is of, Section 60	inge was au 7.0505, Flori	da Statut	by the corp es.	poration s	s board of directors. It	nereby accer	of the app	oinimeni as	registereo	
SIGNATURE														
12.	Signature, lyned or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS					registered A	gant signature	required wh	ion reinstating) ADDITIONS/CHANGI	ES TO OFFIC	DATE PERS AND	DIRECTOR	DD IN 10	
TITLE	P	OFFICE	וט טווא כח.		DELETE	1.1 TITLE	-	1	ADDITIONS/OTIANG	ES 10 OIT 10	Eno Airo	Change	Addition	
	•	MICHAEL J		-	PEC	1.2 NAMI								
	261 HARVE						ET ADDRESS			-				
	LINCROFT					1.4 CITY		,.	, and we so y					
TITLE					DELETE	2.1 1(1) 8						Change	☐ Addition	
NAME						2.2 NAM	E					•		
STREET ADDRESS						2.3 STRE	ET ADDRESS					,		
CITY-ST-ZIP							'- ST - ZIP					——		
TITLE				∐ (DELETE	3.1 TITLE						Change	☐ Addition	
NAME						3.2 NAM								
STREET ADDRESS	,						E1 ADDRESS	1						
CITY-ST-ZIP TITLE					DELETE	3.4. CITY 4.1 TITLE	-ST-ZIP					Change	Addition	
NAME				المسا	DELLIL	4.1 IIILE						Lui Onongo	☐ Mutation	
STREET ADDRESS						2	T ADDRESS	ł						
CITY-ST-ZIP						4.4 CITY							1	
TITLE					DELETE	5.1 TITLE						Change	Addition	
NAME						5.2 NAM		1				-		
STREET ADDRESS							E1 ADDRESS							
CITY-ST-ZIP						5.4 CITY		<u> </u>					i	
FITLE				1	DELET e	6.1 TITLE						Change	Addition	
NAME						6.2 NAM	Ē							
STREET ADDRESS						6.3 STRE	e1 address							
CITY-ST-ZIP						6.4 CITY								
 14. I do hereb 	by certify that t	the information s	suffoid is wit	h this filing does	s not qualify '	for the ex	cemption si	tated in S	Section 119.07(3)(i), Flo	orida Statutos	s. I further	certify that	the	

Information indicated on this habit repd for supplemental angual 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 this caporation in the federiver of ustee empiawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block it in changely, it on an uttach in on uttach in on an uttach in on an uttach in on uttach in on an utta

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