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 # **F95000006000**

PREDICTIVE BUSINESS DECISION SYSTEMS. INCORPORAT

ED	•	_					
Principal Place	e of Business	Maiting Address					•
106 APPLE STR	REET	106 APPLE STREET					
SUITE 303	20704	SUITE 303			DO NOT WRITE IN THI	S SPACE	
LINCROFT NJ 08724 LINCROFT NJ 08724 US US				3. Date Incorporated or Qualifed]	
US					12/08/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21 106 A	taok St.	26 106 Apple 5	17·	_	22-3401271		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22 Suite 303 27 Suite 303						<u> </u>	
City & State	مستول سروه	- City & State	11	-	6. Election Campaign Financing	\$5.00 Added t	May Be
23 Tinter	tale NJ	28 Tinten Falls,	LN		Trust Fund Contribution		o rees
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible XI Yes	□No
24 077a		29 07724 30	1 0317		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Kegistered Agent	81 Nan	ne	iv. Hame and Address of Hew Wedisters	- LABOTT	
BAN	iasiak, ronald						
2715 4TH STREET SW			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33971			83				
	ION PONEO LE GOO.		83				
			84 City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-nam	ed corpo	ration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	nt Florida. Such change was auth	orized by the Co	orporation	's board of directors. I hereby accept the app	omument as re	gistered
		ions of, because our respect to the					Į
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Agent signat	ure required			
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BANASIAK, MICHAEL J		1.2 NAME				}
STREET ADDRESS	261 HARVEY AVENUE		1.3 STREET ADDRE	:ss			Į
CITY-ST-ZIP	LINCROFT NJ 07738		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				}
STREET ADDRESS			2.3 STREET ADDRE	ss			\
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		□ DELETE	3.1 TITLE	1,		Change	☐ Addition
NAME	1,			l'			ļ
STREET ADDRESS		Ď pereie	3.2 NAME				i
CITY-ST-ZIP	1	Ď pereje	3.2 NAME 3.3 STREET ADDRE	ESS			
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	<u> </u>	DELETE		ess ·-	<u> </u>	Change	Addition
NAME			3.3 STREET ADDRE	_	<u>;</u>		Addition
NAME STREET ADDRESS			3.3 STREET ADDRE 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		<u> </u>	Change	Addition
STREET ADDRESS			3.3 STREET ADDRE 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE		<u> </u>	☐ Change	Addition
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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 confortation or the receiver or visitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, of or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90073 034 ***150.00