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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600005513 (4)

CRABAR BUSINESS SYSTEMS CORP.

1129 MAMISSURG CENTERVILLE ROAD DAYTON OH 45449  2. Principal Piace of Business 2. Misling Address 3. Date incorporated or Quelified 3. Date of Last Report 10/23/1986  2. Principal Piace of Business 3. Date incorporated or Quelified 3. Date of Last Report 10/23/1986  3. Date incorporated or Quelified 3. Date of Last Report 10/23/1986  3. Date incorporated or Quelified 3. Date of Last Report 10/23/1986  3. Date incorporated or Quelified 3. Date of Last Report 10/23/1986  3. Date incorporated or Quelified 3. Date of Last Report 3. Date incorporated or Quelified 3. Date incorporation or Date of Quelified 3. Date incorporation or Date of Quelified 3. Date incorporation or Date of Quelified 3. Date incorporation of State of Order or Quelified 3. Date incorporation or Quelifie												
DATTON OH 45449  2. Principal Peace of Business 2. Milling Address 3. A. FET Number 3. B. Lineion Compagnin Francing 3. S. Dott wolf Lest Hepot 4. FET Number 4. B. Lineion Compagnin Francing 3. S. Dott wolf Lest Hepot 4. B. Lineion Compagnin Francing 4. Fet Number 4. B. Lineion Compagnin Francing 4. B. Lineion Co	Principal Place of Business Mailing Address							L EBBRION NAME ROALD WARR OUTER DOTAL DOTAL			4 IIII I <b>II</b> I	
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Suits, April 4, etc.  281 282 283 285 286 285 286 287 287 289 289 280 280 280 280 280 280 280 280 280 280	<del>-</del>	lace of Business	<b>}-</b> η ¯	<b>!</b> -₁							pplied For ot Applicable	
City & Sales  20		#, etc.	<u>}</u>				5. Certificate of Status Desired					
Zep   26   26   28   30   29   30   20   20   20   20   20   20   20	City & State	е	}a				, ,	[]				
10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address of	Zip	\—¬ ′	Zip	├──¬				8. This corporation has liability for i	ntangible	tax under s		
HOLLAN, ROBERT W 5005 TALLOW POINT RD TALLAHASSEE FL 32308  83  84  City FL  85  City FL  85  City FL  85  City FL  85  City FC  85  City FL  85  City FC  85  Ci	24											
TALLAHASSEE FL 32308    B2   Street Address (P.O. Box Number is Not Acceptable)	1101		t Hedisteten Waeut	81	ii -	Name		10. Name and Address of New Ne	gistereu	Agent		
TALLAHASSEE FL 32308  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its register agent. Ten familier with, and accept the chigigations of Section 607 0505, Price Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THIR.  14. OFFICERS AND DIRECTORS IN 12. THIR.  15. THIR.  16. DAY ON HA5449  17. ST. ZP  17. DAY ON HA5449  17. DELETE  17. ST. ZP  17. DAY ON HA5449  17. DELETE  17. ST. ZP  17. DAY ON HA5449  17. ST. ZP  17. DELETE  17. ST. ZP  17. ST. ZP  17. DELETE  17. ST. ZP  17. ST					1							
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 register agent. I am familiar with, and accept the chigations of Sections 607.050.0 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I horeby accept the appointment as registered agent and minimal with and accept the chigations of Sections 607.050.0 froids Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITE  OHNSON, CRAIG T.  12. PAM  UNHSON, CRAIG T.  12. PAM  12. NAME  OHNSON, CRAIG T.  12. NAME  OHNSON, CRAIG T.  12. NAME  JOHNSON, CRAIG T.  12.							Addres	s (P.O. Box Number is Not Acceptab	ole)			
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Stetulos, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Socione 607 0505, Florida Statutos.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIR.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIR.  UNMA  JOHNSON, CRAIG T  112 NAM  JOHNSON, CRAIG T  1129 MAMISBURG-CENTERVILLE RD  13. SIRECT ADDRESS  CITY-51-2P  DAYTON OH 45449  14. CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  SOC GRANT AVENUE  22 SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  GLENCOE IL 60022  1106  1112 MAME  SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  SIRECT ADDRESS  SIRECT ADDRESS  CITY-51-2P  SOC GRANT AVENUE  22 SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  CITY-51-2P  SIRECT ADDRESS  SI				83	3							
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SIGNATURE: (Nat Post ) 1 Post SUREN 4/15/97 (937) 846-7421	14. I do heret Informatio I am an o appears i	in Indicated on this annual report or s fficer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual report is tru the receiver or trustee empowe on an attachment with an addr	for the ex ue and acc ered to exe ress.	err cur.	nption si rate and ute this r	d that m report a	y signature shall have the same lega is required by Chapter 607, Florida S	l effect a latutes; a	s if made un- and that my r	ider oath; that name	