

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004998** ✓

1. Corporation Name

OLYMPIA BUSINESS SYSTEMS, INC.

Principal Place of Business

**6501 PARK OF COMMERCE BOULEVARD
B110
BOCA RATON FL 33487**

Mailing Address

**6501 PARK OF COMMERCE BOULEVARD
B110
BOCA RATON FL 33487**

2. Principal Place of Business

21 5715 Clyde Rhyne Drive

Suite, Apt. #, etc.

**23 City & State
Sanford, NC**

**24 Zip
27330**

**25 Country
USA**

2a. Mailing Address

26 5715 Clyde Rhyne Drive

Suite, Apt. #, etc.

**28 City & State
Sanford, NC**

**29 Zip
27330**

**30 Country
USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

75-2686892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **LEHARDT, DETLEF G**
STREET ADDRESS **911 MAIN STREET, SUITE 2224**
CITY-ST-ZIP **KANSAS CITY MO 64105**

TITLE **D** ☒ DELETE
NAME **GEISSLER, WOLF-DIETER**
STREET ADDRESS **7451 AIRPORT FREEWAY**
CITY-ST-ZIP **FORT WORTH TX 76118-6955**

TITLE **P** ☒ DELETE
NAME **WELLENBERG, HAROLD J**
STREET ADDRESS **6501 PARK OF COMMERCE BOULEVARD**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE
NAME **President and Director** ☒ Addition
STREET ADDRESS **Jack Costelloe**
CITY-ST-ZIP **5715 Clyde Rhyne Drive, Sanford, NC 27330**

TITLE ☐ DELETE
NAME **Vice President** ☒ Addition
STREET ADDRESS **John C. Ulam**
CITY-ST-ZIP **5715 Clyde Rhyne Drive, Sanford, NC 27330**

TITLE ☐ DELETE
NAME **Vice President** ☒ Addition
STREET ADDRESS **Elisabeth K. Baumann**
CITY-ST-ZIP **5715 clyde Rhyne Drive, Sanford, NC 27330**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Albert Goldhammer**
1.3 STREET ADDRESS **5715 Clyde Rhyne Drive Sanford, NC 27330**
1.4 CITY-ST-ZIP

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Henry Mitchell**
2.3 STREET ADDRESS **5715 Clyde Rhyne Drive, Sanford, NC 27330**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elisabeth K. Baumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/99 919-775-7318 ext 221

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 031 ***550.00



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CR2E034 (5/99)