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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005384 (9)

1. Corporation Name

COMTEMPORARY BUSINESS SYSTEMS, INC.



Principal Place of Business
563 BEVILLE RD.
SOUTH DAYTONA FL 32119

Mailing Address
563 BEVILLE RD.
SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2084 W. HALIFAX DR.		27 SAME		10/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3424011	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Daytona Beach FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32124		25 USA		29	
Country		Country		30	
25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAIBLE, JULIE 563 BEVILLE RD. SOUTH DAYTONA FL 32119		81 Name Laible, Julie	
		82 Street Address (P.O. Box Number is Not Acceptable) 2084 W. HALIFAX DR.	
		83	
		84 City Daytona Beach FL	
		85 Zip Code 32124	

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 *Julie Laible* President 3/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIBLE, JULIE	1.2 NAME	
STREET ADDRESS	3990 BEXHILL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIBLE, ROBERT	2.2 NAME	
STREET ADDRESS	3990 BEXHILL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, JENNINGS R	3.2 NAME	
STREET ADDRESS	2084 W. HALIFAX DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Julie Laible* 3/10/98 904-710-5734

CR2E034 (10/97)