

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G15611** (8)
1. Corporation Name
AMERICAN BUSINESS MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH FL 32174**

Mailing Address
**% JAMES W. LEE
225 PAWNEE DRIVE
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified **12/27/1982** 3a. Date of Last Report **04/24/1995**
4. FET Number **59-2245611** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent

**LEE, JAMES W.
225 PAWNEE DR.
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
225
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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STEPHEY, E.G. | |
| STREET ADDRESS | 2241 SHERWOOD DR | |
| CITY - ST - ZIP | O DAYTONA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEE, JAMES W | |
| STREET ADDRESS | 225 PAWNEE DR | |
| CITY - ST - ZIP | ORMOND BEACH FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | LEE, BARBARA M | |
| STREET ADDRESS | 225 PAWNEE DR | |
| CITY - ST - ZIP | ORMOND BEACH FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LEE, BRIAN J | |
| STREET ADDRESS | 1602 TREE MOUNTAIN PARKWAY | |
| CITY - ST - ZIP | STONE MOUNTAIN GA 30083 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | WILSON, ANDREW S | |
| STREET ADDRESS | 225 PAWNEE DRIVE | |
| CITY - ST - ZIP | ORMOND BEACH FL 32174 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3734 LONG GROVE LN. |
| 1.4 CITY - ST - ZIP | PORT ORANGE, FL 32119 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 810 TRIBBLE COVE DR. S.E. |
| 4.4 CITY - ST - ZIP | LAWRENCEVILLE, GA. 30045 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. LEE

4/10/96 **904-673-2379**
Date Daytime Phone #

CR2E034 (12/95)