

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 29 AM 8:33

DOCUMENT # G62750 (6)

1. Corporation Name
CUS BUSINESS SYSTEMS, INC.

Principal Place of Business Mailing Address
20210 SW 48TH PLACE 20210 SW 48TH PLACE
FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 33332

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/21/1983** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2329385** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WOLFSOHN, BRIAN L.
20210 SW 48TH PLACE
FT LAUDERDALE FL 33332**

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 (for # applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **WOLFSOHN, BRIAN L.**
 STREET ADDRESS **20210 SW 48TH PLACE**
 CITY - ST - ZIP **FT LAUDERDALE FL**
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian L. Wolfsohn **BRIAN L. WOLFSOHN**

6-26-95

(305) 565-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR