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

**PROFIT** CORPORATION ANNUAL REPORT

1997



appears in Block 12 of Block 13 if changed, or on an attachment with an address.

GNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR.

SIGNATURE: >

FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

2/3/97 (904) 562-9886

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H08386 (5)

RHEMA BUSINESS SERVICES, INC.

	e of Business	Mailing Address	·		1 1881011 1111 11841 116111 11111 11111 11111	i Andri Oboji Beder Aldre oh	N MINN MAN
1344 VICKERS DR		1344 VICKERS DRIVE		·			
TALLAHASSEE US	FL 32303	TALLAHASSEE FL 33 US	2303-3041				
					3. Date Incorporated or Qualified 06/18/1984	3a. Date of Last F 04/04/1996	Report
<del></del> 1	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·		59-24 19 134	¢0.75	ot Applicable Additional
22	n, 000	27	**		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Print	to Fees
Zφ	Country	Zφ	Count	try	8. This corporation has liability for it		s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curren	nt Registered Agent		Name	10. Name and Address of New Reg	gistered Agent	
	ARS, NORMAN F.		*	Ivalle			
	2 WOODGATE WAY		8	Street Add	fress (P.O. Box Number is Not Acceptab	le)	
IAL	LAHASSEE FL 32312		l	13			
			8	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida \$	Statutes, the abo	ve-named cor	poration submits this statement for the p	urpose of changing i	its registered
office or n	egistered agent, or both, in the State	e of Florida. Such change in rations of Section 607,050	was authorized  15. Florida Statut	by the corpora	ation's board of directors. I hereby accep	of the appointment as	s registered
-	and teaming with the design	junoria or, occitor cor toco	o, rionaa etatat				
SIGNATURE	Signature, typed or profed name of registered ag	jent and title if applicable.	(NOTE: Flegistered A	Agent signature requ	ired when reinstaling)	DATE	* *****
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PST	DELETI	E 1,1 TITLE	E		Change	Addition
NAME	MEARS, NORMAN F.		1.2 NAM	ł			
STREET ADORESS	1332 WOODGATE WAY TALLAHASSEE FL			EET ADDRESS			
CHY-ST-ZiP	INLLATIAGGEE FL			-ST-ZIP		Change	Addition
Tetar		DELET					
TITLE		DELETI		1			7,000,000
NAME		DELETI	2.2 NAM	IE			7,000,000
NAME STREET ADORESS		DELET.	2.2 NAM 2.3 STRE	IE EET ADDRESS		·	7,000,001
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NAME STREET ADDRESS CITY-ST-2IP TITLE			2.2 NAM 2.3 STRE 2.4 CITY	EET ADDRESS Y-ST-ZIP E		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.2 NAM 2.3 STRE 2.4 GITI E 3.1 TITU 3.2 NAM	EET ADDRESS Y-ST-ZIP E		☐ Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2 2 NAM 2 3 STRE 2. 4 CITY E 3.1 TITUL 3 2 NAM 3.3 STRE 3.4 CITY	EET ADDRESS Y-ST-ZIP E RE EET ADDRESS Y-ST-ZIP		☐ Change	Addilion
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