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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # **H58355**

1. Corporat	EY BUSINESS SERVICES	, INC.								
Principal Pla	ace of Business		16 M111 M1M11 M1M11 W							
1331 NORTH LAKE WORT		1331 NORTH K STREET LAKE WORTH FL 33460	••••			E IN THIS SPA	ACE			
	•				3. Date Incorporated or Qualifed					
					05/23/1985					
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26			59-2539408		Not Applicable			
	pt. #, etc.	Suite, Apt. #, etc.	,		5. Certifcate of Status Desired	<u> </u>	8.75 Additional Fee Required			
City & S	state	City & State			6. Election Campaign Financing		\$5.00 May Be			
23		28	28				Added to Fees			
Zip	Country	Zip	Country	'	8. This corporation owes the curre					
24	25	29 30	o		Personal Property Tax.		√ es □No			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name						
HOWLEY, JOAN 1331 N K STREET			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)					
L/a	AKE WORTH FL 33460		83				 -			
			84	City		Fi 8	Zip Code			
office o	or registered agent or both in the S	7.0502 and 607.1508, Florida Statutes, State of Florida. Such change was auth obligations of, Section 607.0505, Florid	nonzed by	the corporat	poration submits this statement for the plion's board of directors. Thereby accept	ourpose of cha the appointme	inging its registered ent as registered =			
SIGNATUR	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE: Re	gistered Age	nt signature requir	red when reinstating)	DATE				
12.					ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTORS IN 12			
TITLE	PRES	☐ DELETE	1.1 TITLE				Change Addition			
l	HOME TY TOAN		1 2 NAME	1						

agent. I a	m familiar with, and accept the obligations of, Section 60	7.0505, Florida	Statutes.	,	,,	-,		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature rec	uired when reinstating)	DATE	_		
Signature, typed or printed name of registered agent and use if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				
TITLE		DELETE	1.1 TITLE			Change	☐ Addition	
NAME	HOWLEY, JOAN		1.2 NAME					
STREET ADDRESS	1331 NORTH K STREET		1.3 STREET ADDRESS					
ÇITY-ST-ZIP	LAKE WORTH FL		1.4 CFTY-ST-ZiP					
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		. ,	- 2		
CITY-ST-ZIP	المنسبة المراسب عاد البيتانييساريات		2.4 CITY-ST-ZIP			_		
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			_		
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAMÉ			5.2 NAME	•				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS	3、初度·夏克勒		6.3 STREET ADDRESS					
CITY-ST-ZIP	group grant		6.4 CITY-ST-ZIP			e at a than to		

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, with all other like empowered.

SIGNATURE:

561-582-4232