

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:15

DOCUMENT # **H80440** (1)

1. Corporation Name

**SANDELL BUSINESS SYSTEMS, INC.**

Principal Place of Business

Mailing Address

207 NK HALLA **NEW ADDRESS !!!** IT. AVENUE 009  
**Sandell Business Systems, Inc.**  
**1501 South 22nd Ave**  
**Hollywood, FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/11/1985** 3a. Date of Last Report **05/10/1994**

4. FEI Number **59-2610234** Applied For  Not Applicable

2. Prior **305-929-9411 Fax: 305-929-2931**

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

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSEY, RAYMOND**  
**207 NORTHEAST 1ST AVENUE**  
**HALLANDALE FL 33009**

*See Label below*

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

*Raymond Massey*

(NOTE: Registered Agent signature required when registering)

DATE

*1/10/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VT**  
NAME **MASSEY, LOUISE**  
STREET ADDRESS **207 NE 1ST AVENUE**  
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition  
*See Label*

TITLE **PSD**  
NAME **MASSEY, RAYMOND**  
STREET ADDRESS **207 NE 1ST AVENUE**  
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition  
*See Label*

TITLE **NEW ADDRESS !!!**  
NAME **Sandell Business Systems, Inc.**  
STREET ADDRESS **1501 South 22nd Ave**  
CITY-ST-ZIP **Hollywood, FL 33020**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE **305-929-9411 Fax: 305-929-2931**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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)(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:

*Raymond Massey*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*1/10/95*

(DATE)

*305-929-9411*

(PHONE NUMBER)