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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J21458 (1)

1. Corporation Name

SHARED BUSINESS SERVICES, INC.



Principal Place of Business

Mailing Address

WARREN K. AUSTIN
683 SIXTH AVE SOUTH
ST. PETERSBURG FL 33701
US

WARREN K. AUSTIN
683 SIXTH AVE SOUTH
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2631 McCormick Dr.

26 Same

22 Suite, Apt. #, etc. # 102

27 Suite, Apt. #, etc.

23 City & State Clearwater

28 City & State

24 Zip 33759 Country Pinellas

29 Zip Country

3. Date Incorporated or Qualified

06/26/1986

4. FEI Number

59-2691926

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

AUSTIN, WARREN K.
683 SIXTH AVE SOUTH
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2631 McCormick Dr # 102

84

85 City Clearwater FL Zip Code 33759

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

Carla D. Austin

1/30/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP JACOBY, JOHN O. DELETE

NAME JACOBY, JOHN O.
STREET ADDRESS 683 SIXTH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE P AUSTIN, WARREN DELETE

NAME AUSTIN, WARREN
STREET ADDRESS 683 SIXTH AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ST AUSTIN, CARLA D. DELETE

NAME AUSTIN, CARLA D.
STREET ADDRESS 683 SOUTH 6TH AVE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP WOERNER, L. DEAN Change Addition

1.2 NAME WOERNER, L. DEAN
1.3 STREET ADDRESS 2631 MCCORMICK DR # 102
1.4 CITY-ST-ZIP CLEARWATER, FL 33759

2.1 TITLE 2631 MCCORMICK DR. # 102 Change Addition

2.2 NAME 2631 MCCORMICK DR. # 102
2.3 STREET ADDRESS CLEARWATER, FL 33759
2.4 CITY-ST-ZIP

3.1 TITLE 2631 MCCORMICK DR # 102 Change Addition

3.2 NAME 2631 MCCORMICK DR # 102
3.3 STREET ADDRESS CLEARWATER, FL 33759
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 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.

SIGNATURE: Carla D. Austin

813-791-2233

CR2E034 (10/97)