~~FILE NOW. FILING FEE AFTER MAY 1 IS $225.00~~

AMENDED PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J64547

1. Corporation Name
KEYSTONE BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O PAUL R. EWING 744 NE 125TH ST N. MIAMI, FL 33161	C/O PAUL R. EWING 744 NE 125TH ST. N. MIAMI, FL 33161

2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 2/22/96
4. FEI Number: 59-2790193 ☐ 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

9. Name and Address of Current Registered Agent

PAUL R. EWING
744 NE 125TH STREET
NORTH MIAMI, FL 33161

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent's signature required when listed above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIR/PRES	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAUL R. EWING		1.2 NAME		
STREET ADDRESS	12840 N. BAYSHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33181		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAUL EWING II		2.2 NAME		
STREET ADDRESS	2171 NE 124TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI, FL 33181		2.4 CITY-ST-ZIP		
TITLE	SEC/TREAS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JUDITH L. EWING		3.2 NAME		
STREET ADDRESS	12840 N. BAYSHORE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33181		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
NAME			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			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 119.07(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: Judith L. Ewing Sec/Treas 4/8/96 (305)891-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUDITH L. EWING