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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J64547

(9)

Mailing Address

KEYSTONE BUSINESS SYSTEMS, INC.

## FILED Feb 26 1997 8:00am Secretary of State

|  |  | <u> </u> |
|--|--|----------|

| C/O PAUL R. (<br>744 NE 125TH<br>NORTH MIAMI | STREET  | C/O PAUL R.<br>744 ME 125TH<br>NORTH MIAM                                    |   |                                   |  | 3. Date incorporated or Qualified 03/27/1987  | 3a. Date of Last Rep<br>03/01/1996                |  |  |
|--|---|--|---|-----------------------------------|--|---|---|--|--|
| 2. Principal Pi                              | ace of Business   | 2a. Mailing A  | ddress  |                                   |  | 4. FEI Number   | Appl  | lied For                               |  |
| 21   |   | 26   |   |                                   |  | 59-2790193  | <del></del>                                       | Applicable                             |  |
| Suite Apt # etc                              |   | Suite, Apt   | Suite, Apt. #, etc.                                       |                                   |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                    |  |  |
| City & State 23                              |   | City & Sta   | City & State  |                                   |  | 6. Election Campaign Financing Trust Fund Contribution  | 9 \$5.00 May Be Added to Fees                     |  |  |
| Zιp  | Gountry   | Zip  | Country   |                                   | 8. This corporation has liability for intangible tax under s. 199.032, |   |   |  |  |
| 24   | 25  | 29   | 30  |                                   |  |   | Yes No  |  |  |
|  | 9, Name and Address of Cui  | rrent Registered Age   | 1t  |                                   |  | 10. Name and Address of New Re  | gistered Agent                                    |  |  |
|  | NG, PAUL R  |  |   | 81                                | Name   |   |   |  |  |
| -  | ne 125th Street<br>Ath Miami Fl 33161   |  |   | 82                                | Street A   | ddress (P.O. Box Number is Not Acceptat   | ole)  |  |  |
|  |   |  |   | 83                                |  |   |   |  |  |
| ı  |   |  |   | 84                                | City   |   | FL 85 Zip Co                                      | ode                                    |  |
| office or n<br>agent. La                     | to the provisions of Sections 607,<br>egistered agent, or both, in the S<br>or familiar with, and accept the of | 0502 and 607.1508, F<br>tate of Florida, Such cl<br>bligations of, Section € | orida Statutes, th<br>nange was autho<br>07.0505, Florida | ne above<br>prized by<br>Statutes | named of<br>the corp   | corporation submits this statement for the poration's board of directors. I hereby acceptions | ourpose of changing its out the appointment as re | registered<br>igistered                |  |
| SIGNATURE                                    | Signature, spect is posted similarly regiment   | r aspera er dititle it applicative.  | (NOTE: Reg  | istered Age                       | ni signature i   | required when rainstating)  | DATE  | ······································ |  |
| 12.  |   | AND DIRECTORS  |   | 13.                               |  | ADDITIONS/CHANGES TO OFFICE   |   | IN 12                                  |  |
| Tilli  | DP  |  | DECETE  | 1.1 TITLE                         | ['   | DIRECTOR<br>PAUL R. EWING   | Change  | CoilibbA                               |  |
| NAVé   | EWING, PAUL R.  |  |   | 1.2 NAME                          |  | PAUL R. EWING   | _   |  |  |
| STREET ADDRESS                               | 12840 N. BAYSHORE DRIV  | E  | l   | 1.3 STREET                        |  | 13840 U. BAYSHORE   | DR  |  |  |
| CHTY ST-Zift                                 | N MIAMI FL 33181  |  |   | 1.4 CITY~S                        | (- ZIP   | N.MIAMI, FC 33181   |   |  |  |
| TO LE  | VP  | Ε.   | DELETE  | 2.1 TITLE                         |  | PRESIDENT   | Change  | Addition                               |  |
| NAMI   | EWING, PAUL II  |  |   | 2.2 NAME                          | ľ  | PAUL EWING I  |   |  |  |
| STREET ADDRESS                               | 2171 NE 124TH ST.   |  | T t   | 23 STREET                         | ADORESS  | Sign we is you st   |   |  |  |
| CHY-SEZ2                                     | N MIAMI FL 33181  |  | ***************************************                   | 2 4 CITY - 5                      | iT-21P   | N. MIAMI, FL 331  |   |  |  |
| 1:11.6                                       | ST  | ļ  | DELETE  | 3 1 TITLE                         | ĺ  |   | Change  | Addition                               |  |
| NAME   | EWING, JUDITH L   |  |   | 32 NAME                           |  |   |   |  |  |
| STREET ADDRESS                               | 12840 N BAYSHORE DR   |  | l.  | 3 3 STREET                        | ADDRESS  |   |   |  |  |
| CHY-ST-Z#                                    | N MIAMI FL 33181  |  |   | 3 4. CITY - 9                     | 1 - ZIP  |   | <b></b>   | 1 1 2 1 2 1 1 1 1 1                    |  |
| 1611   |   | L.   |   | 4.1 TITLE                         |  |   | Change  | Addition                               |  |
| NAME   |   |  |   | 4. 2 NAME                         |  |   |   |  |  |
| STREET ADDITIESS                             |   |  |   | 4.3 STREET                        | ADDRESS  |   | •   |  |  |
| CITY+ST ZIP                                  |   |  |   | 4.4 CITY - \$                     | [-ZIP  |   |   |  |  |
| THE  |   | L  |   | 5.1 TITLE                         |  |   | Change  | Addition                               |  |
| NAME   |   |  |   | 5.2 NAME                          |  |   |   |  |  |
| STREET ADDRESS                               |   |  |   | 5.3 STREET                        | ADDPESS  |   |   |  |  |
| C-TY - ST 7/P                                |   |  |   | 5.4 CHY - \$                      | r-ZIP  |   |   | F-1                                    |  |
| TOLE   |   | L.   | DELETE  | 61 TITLE                          | 1  |   | Change  | Addition                               |  |
| NAME   |   |  | 1   | 6.2 NAME                          | ļ  |   |   |  |  |
| STREET ADDRESS                               |   |  |   | 63 STREET                         | ADDRESS  |   |   |  |  |
| C/TY - S1 - 2/P                              |   |  |   | 6.4 CITY-S                        |  |   |   |  |  |
| 14. Ldo here!                                | by confly that the information sup-   | plied with this filing de  | es not quality for  | the exe                           | motion st  | ated in Section 119.07(3)(i). Florida Statute   | is I further certify that the                     | 16                                     |  |

4. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

TAN DIRECTOR

2/14/97

(308)891-7888