

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **J64547** (9)  
1. Corporation Name  
**KEYSTONE BUSINESS SYSTEMS, INC.**



Principal Place of Business <b>C/O PAUL R. EWING 744 NE 125TH STREET NORTH MIAMI FL 33161</b>	Mailing Address <b>C/O PAUL R. EWING 744 NE 125TH STREET NORTH MIAMI FL 33161</b>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1913 N.W. 40th Court</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1913 N.W. 40th Court</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/27/1987</b>	
22 City & State 23 <b>Pompano Beach, FL</b> Zip <b>33064</b>		27 City & State 28 <b>Pompano Beach, FL</b> Zip <b>33064</b>		4. FEI Number <b>59-2790193</b> Applied For Not Applicable	
25		29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EWING, PAUL R.  
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) <b>1913 N.W. 40th Court</b>
83	84 City <b>Pompano Beach, FL</b>
85 Zip Code <b>33064</b>	

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

*[Signature]*  
Signature, typed or printed name of registered agent and title

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EWING, PAUL R. 12840 N. BAYSHORE DRIVE N MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>27 San Marino Way Port St. Lucie, FL 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P EWING, PAUL II 2171 NE 124TH ST. N MIAMI FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2701 N.E. 5th Street Pompano Beach, FL 33062</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST EWING, JUDITH L 12840 N BAYSHORE DR N MIAMI FL 33181</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>27 San Marino Way Port St. Lucie, FL 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0152814

CR2E034 (10/97)