

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90295 097 \*\*\*\*86.07  
05-06-1999 90295 098 \*\*\*\*63.93

DOCUMENT # K37993

1. Corporation Name

BUSINESS & PROFESSIONAL SERVICES OF THE AMERICAS  
INC.

Principal Place of Business  
POST OFFICE BOX 15553  
WEST PALM BEACH FL 33416

Mailing Address  
POST OFFICE BOX 15553  
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/11/1988

4. FEI Number  
65-0072689

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, JAMES P  
1892 ABBEY RD.  
#1  
WEST PALM BEACH FL 33415

81 Name MCCARTHY, JAMES P.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1832 PIERCE DR.  
83  
84 City LAKE WORTH FL 85 Zip Code 33460

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 JAMES P. MCCARTHY

(NOTE: Registered Agent signature required when reinstating)

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MCCARTHY, JAMES P  
STREET ADDRESS 7259 OAKMONT DR  
CITY-ST-ZIP LAKE WORTH FL 33467

1.1 TITLE DP  
1.2 NAME  
1.3 STREET ADDRESS 1832 PIERCE DR.  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE SDVP  
NAME MCCARTHY, AMY  
STREET ADDRESS 1802 ABBEY RD #1  
CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS P.O. Box 15553  
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowerments.

SIGNATURE: JAMES P. MCCARTHY 4/22/99 561-964-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0369252