FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K97180 DOCUMENT # 1. Corporation Name

(9)

ROSS	BUSINESS	SERVICES.	INC.
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Principal Place of Business

Mailing Address

% LORETTA ROSS 1316 WHITFIELD AVE SARASOTA FL 34243

% LORETTA ROSS 1316 WHITFIELD AVE



OMPHOOFIE TE 14243		SARASUIA PL	SARASOTA PL 34243			3. Date incorporated or Qualified					
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number		Applied For				
21		26	26		65-0124971	F-1	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be			
Zip		Country	Zip		Country		8. This corporation has liability for inta				
24	25 29 30						Florida Statutes 🔲 Yes 🛂 No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Regi	istered Agent			
					81 Name						
ROSS, LORETTA 1316 WHITFIELD AVE					82 Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34243				83							
					84	City		FL 85 Z	o 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	dgnature, typed d	or printed name of registered	agent and title it applicable	(NOTE: Regis	itered Agen	il signature req	uired when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12		
TITLE	DP		☐ DELE	TE	1. 1 TITLE			☐ Chan∈e	Addition		
NAME		LORETTA			1.2 NAME						
STREET ADDRESS		HITFIELD AVE			1.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASC	OTA FL			1.4 CITY - S	1-21P					
TITLE			DELE	TE :	2 1 TITLE			☐ Chançe	☐ Addition		
NAME					2 2 NAME						
STREET ADDRESS					2.3 STREET	ADDRESS					
CiTY-ST-ZiP					2 4 CITY - S	T-ZIP					
TITLE			☐ DELE	TE	1 TIFLE			☐ Chançe	☐ Addition		
NAME					3 2 NAME						
STHEET ADDRESS					3 3 STREET	ADDRESS					
CITY-ST-ZIP					4 CITY - S	1 - ZIP					
TITLE			☐ DELE	TE	4. 1 TITLE			☐ Chançe	☐ Addition		
NAME					4.2 NAME						
STREET ADDRESS				1.	4.3 STREE!	ADDRESS					
CHY-ST-ZIP					4.4 CITY - S	1 - 2(P					
TITLE			DELE	TE	5 1 TITLE			☐ Chançe	☐ Addition		
NAME				1	5.2 NAME	}					
STREET ADDRESS					3 STREET	ADDRESS					
CITY-ST-ZIP					5 4 CITY - S	T- 21P					
TITLE			☐ DELE		6 1 TITLE			☐ Chançe	Addition		
NAME					6.2 NAME						
STREET ADDRESS				1	3 STREET	ADORESS					
CITY - SI - ZIP		Λ		I.	6 4 CITY - S	T-ZIP					
	certify that t	the information supp	lied with this filing is volunta				y for the exemption stated in Section 119.07(urate and that my signature shall have the sar this report as required by Chapter 607. Florid	3)(k), Florida Statut	es I further		
certify that t	the intormati am an office	on indicated on this	annual report or supplement	ntal annual rep	ort is tru	ie and acci	urate and that my signature shall have the san	ne legal effect as if	made under		

appears in Block 12 or Brock at f changed,

SIGNATURE: