

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT, 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L13083** (5)
1. Corporation Name
ENGINEERED BUSINESS SYSTEMS, INC.



Principal Place of Business 4400 WEST SAMPLE ROAD SUITE 228 COCONUT CREEK FL 33073 US	Mailing Address 4400 WEST SAMPLE ROAD SUITE 228 COCONUT CREEK FL 33073-3473 US
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3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0137999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**GREENBERG, JEFFREY
5550 GLADES ROAD
SUITE 401
BOCA RATON FL 33491**

10. Name and Address of New Registered Agent
81 Name **BELLEZZA, Peter J**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4750 N. A1A #506**
84 City **N. Hutchinson Island FL**
85 Zip Code **34949**

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.

Peter J. Bellezza
4/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, HAROLD	
STREET ADDRESS	17105 NORTHWAY CIR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, JOHN D.	
STREET ADDRESS	6201 PETER RD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIXBY, MIKE	
STREET ADDRESS	6170 NW 173 ST #418	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASS, IRVING	
STREET ADDRESS	7663 FENWICK PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLE, CHRISTINE	
STREET ADDRESS	1008 N 13TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Chairman & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Vito A. Bellezza	
13 STREET ADDRESS	3701 Turtle Run Blvd.	
14 CITY-ST-ZIP	Coral Spgs., FL 33067	
21 TITLE	President and COO and D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Harold S. Fischer	
23 STREET ADDRESS	3701 Turtle Run Blvd.	
24 CITY-ST-ZIP	Coral Spgs., FL 33067	
31 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	William Daniels	
33 STREET ADDRESS	2088 Augusta	
34 CITY-ST-ZIP	Weston, FL 33326	
41 TITLE	Steve Sherb - Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	805 Third Ave	
43 STREET ADDRESS	NY, NY 10022	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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***495.00

14. 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 or Block 13 if changed, or on an attachment with an address.

Peter J. Bellezza CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 Date 954 968 2080 Daytime Phone #

CR2E034 (9/96)