

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 26 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L24862 (9)
1. Corporation Name
BUSINESS MANAGEMENT SERVICES, INC.

Principal Place of Business
4131 KIRKALDY DRIVE
PALM HARBOR FL 34685
US

Mailing Address
~~4131 KIRKALDY DR.~~
~~PALM HARBOR FL 34685~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 36181 East Lake Rd
22 City & State	27 Suite 108
23 Zip	28 Palm Harbor
24 Country	29 71
25	30 34685

3. Date Incorporated or Qualified	3a. Date of Last Report
10/23/1989	01/25/1996
4. FEI Number	Applied For
59-2972703	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 or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
	X

9. Name and Address of Current Registered Agent
WELSH, KATHRYN MARIE P.A.
2861 EXECUTIVE DR.
SUITE 200
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	HAMILTON, LOWELL B.
STREET ADDRESS	4131 KIRKALDY DR.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	DVT <input type="checkbox"/> DELETE
NAME	HAMILTON, MARY E.
STREET ADDRESS	4131 KIRKALDY DR.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002252642--8
1.3 STREET ADDRESS	-07/30/97--01077--002
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)

Business Management Services, Inc.

36181 EAST LAKE RD. # 108
PALM HARBOR, FL 34685
813-942-2345

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7-18-97

Division of Corporations
Annual Report Section
P.O. BOX 1500
Tallahassee, FL 32302-1500

SUBJECT: ALREADY FILED 1-3-97
L24862

Division of Corporations;

On 1-3-97 I sent ck # 562 along with the report form in your envelope to Tallahassee. The check has not cleared the bank to this date. Therefore I am stopping payment on the check and a replacement check # 569 is enclosed. I spoke to a Jeanna on 7-18-97 from your office and this is the procedure she said I should follow. Thank you.

Business Management Services, Inc
36181 East Lake Rd.
Suite 108
Palm Harbor, FL 34685

Mary E. Hamilton
813-942-2345

Mary E. Hamilton D.P.