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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91846

CABOT BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

2701 E SUNRISE BLVD SUITE 301 FT LAUDERDALE FL 33304

2701 E SUNRISE BLVD SUITE 301 FT LAUDERDALE FL 33304-3219

FILED May 06 1997 8:00am Secretary of State



		•	,	3. Date incorporated or Qualified 07/31/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	4 - 2 -	26		65-0211030	Not Applicable
Sulte, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🏡 No
24	9, Name and Address of Curren	29 Registered Agent	30	10. Name and Address of New Reg	
270 FT L	DLER, RODNEY W. 1 E SUNRISE BLVD SUITE 301 LAUDERDALE FL 33304 to the provisions of Sections 607,0500 egistered agent, or both, in the State in familiar with, and accept the obligations.	≥ and 607.1508, Florida Statut of Florida. Such change was a liggs of Section 607.0505, Flo	B4 City	dress (P.O. Box Number is Not Acceptable 100 P.O. Box Number is Number is Not Acceptable 100 P.O. Box Number is	FL 85 Zip Code 34
SIGNATURE	Signature, typed or printed name of registered ag	inst	L. Registered Agent signature re		DATE
12.	OFFICERS AND	_ :_ :_ : _ : _ :	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PID	DELETE	1.1 TITLE		Change Addition
NAME	FIEDLER, RODNEY W		1.2 NAME		Į;
STREET ADDRESS	2701 E SUNRISE BLVD #301		1.3 STREET AUDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		14 CiTY+ST-ZiP		
TITLE	VSD	☐ DELETE	2 1 TITLE		Change [] Addition [
NAME	GUST, RITA M		2.2 NAME -		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	Поста	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition
TITLE NAME			4.7 ITICE 4.2 NAME		onlarige Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		Į
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		y
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 DITY-S1-ZIP		
	by certify that the information supplied	with this filing does not quali		ted 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 13 if changed, or on an attachment with an address.