

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90106 047 \*\*\*\*61.25

**DOCUMENT # N50278**

1. Corporation Name

**BUSINESSFORCE, INC.**

Principal Place of Business  
75 SOUTH IVANHOE BLVD.  
ORLANDO FL 32804

Mailing Address  
75 SOUTH IVANHOE BLVD.  
ORLANDO FL 32804



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/07/1992

4. FEI Number

59-3160497

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

9. Name and Address of Current Registered Agent

STUART, JACOB V  
75 S. IVANHOE BLVD.  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME PEREZ, TICO  
STREET ADDRESS % 75 S. IVANHOE BLVD.  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

T  
NAME NASON, WALTER R.  
STREET ADDRESS 75 SOUTH IVANHOE BOULEVARD  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

D  
NAME MEDLIN, KENNETH  
STREET ADDRESS 75 S IVANHOE BLVD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

C  
NAME TIMBERLAKE, EDMUND  
STREET ADDRESS 75 S. IVANHOE BLVD.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

SD  
NAME STUART, JACOB V.  
STREET ADDRESS 75 S. IVANHOE BLVD.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

D  
NAME WRIGHT, KENNETH  
STREET ADDRESS % 75 S. IVANHOE BLVD.  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Ruth Z. Mustian

2.3 STREET ADDRESS 75 South Ivanhoe Boulevard

2.4 CITY-ST-ZIP Orlando, FL 32804

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (407) 418-4517

CR2E037 (11/98)