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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P11823 **DOCUMENT #** 

(2)

PROFESSIONAL BUSINESS SYSTEMS, INC.					
Principal Place of Business Mailing Adoress					A TINE ANDIE RIBEL BIANT BIANT ALANT BURN BIRU INRI
56 CHANCELLOR DR ROSELLE IL 60172		56 CHANCELLOR DR ROSELLE IL 80172			
				3. Date Incorporated or Qualified 10/17/1986	3a. Date of Last Report 04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		36-2971920	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Consta	28	Country	This corporation has liability for it.	Added to rees
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	30	Florida Statutes  Yes	X No
[24]	9. Name and Address of Current			10. Name and Address of New R	
			81 Name		
KINNEY	ROBERT		82 Street Add	ess (P.O. Box Number is Not Acceptab	(a)
KINNEY, ROBERT 206 WINDEMERE COURT			OZ Street Audi	ess (F.O. biox Number is Not Modepital)	10)
MELBOURNE FL 32935			83		
			84 City		85 Zip Code
					<b>FL</b>
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Fiorida h, and accept the obligations of, Section Separate State on the last computer of the OFLICERS AND	: Sugh change was authoria n 607,0505, Florida Statutes ernional, are ils	red by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the apport accept the apport	ontment as registered agent. Fam
TITLE	PD	DELETE	1 'TitleF		☐ Change ☐ Addition
NAME	FOUTS, DONALD M.		1.2 NAME		
STREET ADDRESS	913 PHEASANT WALK DRIVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	SCHANMBURG IL		1.4 CULY - \$1 - 2)P		
THILE	VD	DELETE	2.1111116		Change Addition
NAME	STEGER, JERRY G.		2.2 NAME		
STREET ADDRESS	11463 TURTLEBACK LANE		2.3 STREET ADDRESS		
CHTY - ST - ZIP	SAN DIEGO CA		2.4 CHTY - ST IZIP		
TITLE	SD	🔀 DELFTE	3 1 T TLE		Change Addition
NAME	MOCNY, RICHARD T.		3.2 NAME		
STREET ADDRESS	173 BRIARWOOD LOOP		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL	<u>_</u>	3.4 CI5V - ST - 7IP		
TITLE	TD	<b>▼</b> DELETE	4.1111.6		Change  Addition
NAME	BAILEY, ROBERT W.		4.2 NAME		
STREET ADDRESS	690 CROSS CREEK DRIVE		4.3 STREET ADURESS		1
CITY-ST-Z-P	ROSELLE IL	☐ DELETE	4.4.001y ST-2IP		Change Addition
TITLE		☐ neces	5 1 TILLE		Ell change [ ] vocidan
NAME			5.2 NAME		
STREE! ACORESS			5.3 STREET ADDRESS		
CITY-S1-ZIP		☐ DELETE	5.4 C/TY+\$1+Z/P : 6.1 T/FUF		Change Addition
1		□ Mercie	6.2 NAME		<u></u>
NAME CYPSEL LEADERS			6.3 STREET ADDRESS		
STREET ADDRESS	i		0.3 SIMITI ADUNCAS		

CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

6.4 CHTY: ST, ZIP

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/94 208-972-2250

CR2E034 (12/95)