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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P11823

1. Corporation Name
PROFFSSIONAL BUSINESS SYSTEMS, INC.

(2)

rnore	SOIONAL DOGINESS S	TOTEMO, INC.				
Principal Plac	e of Business	Mailing Address	··········		* ************************************	istil didi) didir divir dibir bibit thut
56 CHANCEL	LOR DR	56 CHANCELLOR DR	56 CHANCELLOR DR			
ROSELLE IL 60172 ROSELLE IL 60172				50 1107 1170175 11	1 TI 110 CD 1 CF	
ľ					DO NOT WRITE IN	1 THIS SPACE
					3. Date Incorporated or Qualified 10/17/1986	
2. Principal Place of Business		2a. Mailing Address	F-7 *		4, FEI Number	Applied For
Suite, Apt. #. etc.		26			36-2971920	Not Applicable
22		Suite, Apt. #, etc.	<u>├</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		& Floation Compaign Financias	
23		├ ─ 	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
] Zip	Country	Zip	Country		8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of C				10. Name and Address of New Regis	stered Agent
KIN	NEY, ROBERT		81 N	ame		
200		82 St	reet Addre	ss (P.O. Box Number is Not Acceptable		
ME	LBOURNE FL 32935		02 30	ioot Audio	as (1.0. box Humber is Not Acceptable	,
			83			
			84 Ci	4		lee 7:0 Code
			64 0	n y		FL 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						
office or r	egistered agent, or both, in the miliar with, and accept the	State of Florida, Such change w obligations of, Section 607.0505	as authorized by the . Florida Statutes	corporatio	on's board of directors. I hereby accept t	he appointment as registered
SIGNATURE			-			
BIGHATORE	Signature, typed or printed name of registe	red agont and title if applicable (NOTE: Registered Agent sig	natura required		DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PD POWER DAY	☐ DELETE	1.1 TITLE			Change Addition
NAME FOUTS, DONALD M.		1.2 NAME				
STREET ADDRESS 913 PHEASANT WALK DRIVE		1.3 STREET ADDR	RESS			
CITY-ST-ZIP	SCHANMBURG IL		1.4 CITY-ST-ZIF	<u>'</u>		
TITLE	VD STEGER SERRY C	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Steger, Jerry G. 11463 Turtleback Lan	.c	2.2 NAME			
STREET ADDRESS		NE .	2.3 STREET ADDE	RESS		
CITY-ST-ZIP	SAN DIEGO CA		2, 4 CITY-ST-ZI	2		
TITLE		L_J DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADOF	ESS		
CITY-ST-ZIP		D pc: FTC	3.4. CITY-ST-ZIF	,		D Oberes D GROVE
TITLE	į.		4.1 TITLE			Change
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREET ADDR			
CITY-ST-ZIP		DEVETE	4.4 CITY-ST-ZIP			Chapper Addition
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR			
CiTY+ST-ZIP		T DECEME	5.4 CITY-ST-ZIP			Channe Addition
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			}
STREET ADDRESS	•		6.3 STREET ADDR	ESS		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

FILED

Mar 13 1998 8:00am

Secretary of State