SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 5/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUN 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033268 (2)**

1. Corporation Name
H-MAIL BUSINESS SYSTEMS, INC.

Mailing Address
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

Principal Place of Business
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: **05/06/1993**
3a. Date of Last Report:

2. Mailing Address (21)
2a. Principal Place of Business (26)

4. FEI Number: **65-0410909** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **$8.75** Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23) / City & State (28)

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

Zip (24) / Country (25) / Zip (29) / Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN BETTY E
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

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 607.0502 and 607.1508 or 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 607.0505 or 617.0501, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~P/D~~	11 TITLE	D&O/COB
12 NAME	~~ARNEM HAROLD~~ L	12 NAME	VAN ARNEM, HAROLD L.
13 STREET ADDRESS	1377 CLINT MOORE ROAD	13 STREET ADDRESS	
14 CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	
21 TITLE	~~V/D~~	21 TITLE	P/D
22 NAME	RUMMER KLAUS G	22 NAME	
23 STREET ADDRESS	2585 ALTA COURT	23 STREET ADDRESS	
24 CITY-ST-ZIP	LISLE IL 60532-3401	24 CITY-ST-ZIP	
31 TITLE	V/D	31 TITLE	
32 NAME	MCKNIGHT N P	32 NAME	
33 STREET ADDRESS	1377 CLINT MOORE ROAD	33 STREET ADDRESS	
34 CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	
41 TITLE	T/D	41 TITLE	
42 NAME	DECKER JULIA M	42 NAME	
43 STREET ADDRESS	1377 CLINT MOORE ROAD	43 STREET ADDRESS	
44 CITY-ST-ZIP	BOCA RATON FL 33487	44 CITY-ST-ZIP	
51 TITLE	S/D	51 TITLE	
52 NAME	ALLEN BETTY E	52 NAME	
53 STREET ADDRESS	1377 CLINT MOORE ROAD	53 STREET ADDRESS	
54 CITY-ST-ZIP	BOCA RATON FL 33487	54 CITY-ST-ZIP	
61 TITLE	~~S/T~~	61 TITLE	V/D
62 NAME		62 NAME	NAHI, WALTER N.
63 STREET ADDRESS		63 STREET ADDRESS	632 COUNTRY CLUB DRIVE
64 CITY-ST-ZIP		64 CITY-ST-ZIP	ITASCA, ILL. 60143

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty E. Allen SECRETARY 6/8/94 407-994-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0108076