

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000034802 (7)**

1. Corporation Name

SOUTH FLORIDA ELECTRONIC BUSINESS SERVICES, INC.



Principal Place of Business

**734 NORTHWEST 141 STREET
MIAMI FL 33168**

Mailing Address

**734 NORTHWEST 141 STREET
MIAMI FL 33168**

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0410394

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

**ABNER, BEVERLY
734 NORTHWEST 141 STREET
MIAMI FL 33168**

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, 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, Florida Statutes.

SIGNATURE

Signature of person who is registered agent or director of corporation

Signature of person who is registered agent or director of corporation

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ABNER, BEVERLY**
STREET ADDRESS **734 NW 141 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **ABNER, ROSEN**
STREET ADDRESS **734 NW 141 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☒ Addition
2. NAME **ROBERT D. LEWIS**
3. STREET ADDRESS **734 NW 141 ST**
4. CITY-ST-ZIP **MIAMI, FL, 33168**

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Beverly Abner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 305-681-0069

CR2E034 (12/95)