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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 11 1997 8:00am

Secretary of State

3 6 97 Daytime Phone

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083632 (8)

BUSINESS CAPITAL SOLUTIONS, INC.

2840 UNIVERSITY DRIVE 2040 LINIVERSITY DRIVE CORAL SPRINGS FL 33065-1425 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1993 02/29/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0452799 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes D No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DUBROW DUKER & ASSOCIATES, P.A. 2840 UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Significant, typed or project rame of registered agent and tito if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE 1:11.6 NAME DUKER, STEVEN D 1.2 NAME 2840 UNIVERSITY DR. STREET ACCORESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** Ony-St-79 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME DUBROW, B A 2.2 NAME 2840 UNIVERSITY DR. 2.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CHY-SE-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 32 NAME **3.3 STREET ADDRESS** STREET ADDRESS City - St - ZiP 34. CITY-ST-ZIP DELETE Addition 41 TITLE THUE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP CITY - 51 - 201 Addition DELETE 5.1 TITLE TIJ.E NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZiP 54 CITY-ST-ZIP DELETE Addition 311115 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP COTY - ST - ZIP 14. I do note by cort by 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