FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086703 (4)**

1. Corporation Name

BUSINESS SOLUTION NETWORK, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993

3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 1301 W. Newport Center Dr.
22 Suite, Apt. #, etc.
23 Deerfield Beach, FL
24 Zip: 33442 25 Country:

2a. Mailing Address
26 1301 W Newport Center Dr
27 Suite, Apt. #, etc.
28 Deerfield Beach, FL
29 Zip: 33442 30 Country:

4. FEI Number: 65-0457520 ☐ 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

9. Name and Address of Current Registered Agent

MCKNIGHT, N. PHILIP
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): 1301 WEST NEWPORT CENTER DRIVE

83

84 City: Deerfield Beach FL 85 Zip Code: 33442

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 _____ DATE

(If changing registered agent, registered agent must sign above. If changing registered agent without changing registered office, registered agent must sign above.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	VAN ARNEM, HAROLD L	12 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	13 STREET ADDRESS	1301 W. Newport Center Dr
CITY ST ZIP	BOCA RATON FL 33487	14 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCKNIGHT, N. PHILIP	22 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	23 STREET ADDRESS	1301 W. Newport Center Dr
CITY ST ZIP	BOCA RATON FL 33487	24 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	BUBECK, ROBERT	32 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	33 STREET ADDRESS	1301 W. Newport Center Dr
CITY ST ZIP	BOCA RATON FL 33487	34 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BETTY E	42 NAME	
STREET ADDRESS	1377 CLINT MOORE ROAD	43 STREET ADDRESS	1301 W. Newport Center Dr
CITY ST ZIP	BOCA RATON FL 33487	44 CITY ST ZIP	Deerfield Beach, FL 33442
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ Julia M. Decker 4/24/95 305-570-7676

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

027A087 CP