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Secretary of State

03-06-1999 90026 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016878 1. Corporation Name PROACTIVE BUSINESS SOLUTIONS, INC.			
Principal Place of Business 100 N.W. 12TH AVE. DEERFIELD BEACH FL 33442		Mailing Address 111 NW 12TH AVE DEERFIELD BEACH FL 33442 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 111 NW 12th Avenue 27 Suite, Apt. #, etc. 28 City & State 29 Deerfield Beach, FL 30 Zip Country 31 33442 32	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME BROWN, COLIN W STREET ADDRESS 100 N.W. 12TH AVE. CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.1 TITLE VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME A. Tucker Allen 1.3 STREET ADDRESS 100 NW 12th Avenue 1.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE D <input type="checkbox"/> DELETE NAME THOMAS, GARY L STREET ADDRESS 100 N.W. 12TH AVE. CITY-ST-ZIP DEERFIELD BEACH FL 33442		2.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Jon A. Brilliant 2.3 STREET ADDRESS 100 NW 12th Avenue 2.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE D <input type="checkbox"/> DELETE NAME MORAN, PATRICIA G STREET ADDRESS 100 N.W. 12TH AVE. CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME George Edward Weaver 3.3 STREET ADDRESS 100 NW 12th Avenue 3.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE EVGC <input type="checkbox"/> DELETE NAME BROWN, COLIN STREET ADDRESS 100 NW 12TH AVE CITY-ST-ZIP DEERFIELD BEACH FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME WHELAN, JOHN J STREET ADDRESS 100 NW 12TH AVE CITY-ST-ZIP DEERFIELD BEACH FL		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  **John J. Whelan**, Secretary **2-17-99** 954-429-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0347193

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