FILE NOW: FILING FEE AFTER MAY 1 IS \$550.60

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 27 PM 4: 14 P940000 42552 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA MODERN BUSINESS SERVICES INC Principal Place of Business 5265 NW 73WAY LOUDLHIII, F1.33319 5265 NW 73WAY LAUDERHILL FZ 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GLASFORD UTER Street Address (P.O. Box Number is Not Acceptable) 5265 NW 73WAY LA, HIM, FC 33319 83 84 City 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: typed or printed name of registered agout and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1 1 TITLE TITLE 1.2 NAME NAME -07/01/97--01032--015 13 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 14 CITY - ST - ZIP CITY - ST- ZIP Change Addition TITLE 2.1 TILLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP 3.1.1016 Change Addition 5265 NW 7310MY 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 1. FC 333(9, CITY-ST-ZIP 3.4 CHY-ST-ZIP UTON 41 TITLE Change ___ Addition TITLE 5265 NW 73WA 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS LAHIII, FL. 333/9 4 4 CITY - ST - ZIP CITY - ST - ZIP Addition 5.1 T(1LE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STRLET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I do 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 offect as if made under eath; that it am an officer or director of the corporation of the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo -16 - 97 954 749 3883

NG OFFICER OR DIRECTOR