

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000089202 (3)

1. Corporation Name  
UHL BUSINESS SERVICES, INC.



Principal Place of Business 533 N.W. 47TH AVE. COCONUT CREEK FL 33063	Mailing Address 533 N.W. 47TH AVE. COCONUT CREEK FL 33063-6734
---	--

2. Principal Place of Business 21 3300 Eventide Place Suite, Apt. #, etc. 22 City & State 23 Stuart, Florida Zip 24 34994		2a. Mailing Address 26 3300 Eventide Place Suite, Apt. #, etc. 27 City & State 28 Stuart, Florida Zip 29 34994		3. Date Incorporated or Qualified 12/08/1994		3a. Date of Last Report 04/19/1996	
Country USA		Country USA		4. FEI Number 65-0547027		Applied For Not Applicable	
25 <del>FL</del>		30 <del>FL</del>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent UHL, LORI A 533 N.W. 47TH AVE. COCONUT CREEK FL 33063				10. Name and Address of New Registered Agent 81 Name Uhl, Lori A 82 Street Address (P.O. Box Number is Not Acceptable) 83 3300 Eventide Place 84 City Stuart FL 85 Zip Code 34994			
--	--	--	--	---	--	--	--

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 Lori A Uhl LORI A UHL DATE 4/9/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	UHL, LORI A.		1.2 NAME				
STREET ADDRESS	533 N.W. 47TH AVE.		1.3 STREET ADDRESS	3300 Eventide Place			
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	Stuart, Florida 34994			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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 Lori A Uhl LORI A UHL DATE 4/9/97 561-335-1871

CR2E034 (9/96)