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PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

SIGNATURE:

P95000012995 (3)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

| 1. Corporation   | S BUSINESS SERVICES, I  | NC.   | ? <b>)</b>                      |                         |   |   |  |                                       |  |
|--|---|---|---------------------------------|-------------------------|---|---|--|---------------------------------------|--|
| Principal Place  | of Business   | Mailing Address   |                                 |                         |   |   |  | IERE RENE INSTANTATION                |  |
| 2512 MADRON COURT ORLANDO FL 32806  2512 MADRON COURT ORLANDO FL 32806  CRIANDO FL 32806 |   |   |                                 |                         |   |   |  |                                       |  |
| 2. Principal Pla   | on of Puninger  |   |                                 |                         |   | 3. Date Incorporated or Qualified 02/13/1995  | 3a. Date of L  | ast Report                            |  |
| 21   | ce of business  | 2a. Mailing Address   |                                 |                         |   | 4. FEI Number   |  | Applied For                           |  |
| Suite, Apt. #  | , etc.  | Suite, Apt. #, etc.   | ····-                           |                         |   | 59-3354 122   |  | Not Applicable                        |  |
| 22   |   | 27  |                                 |                         |   | 5. Certificate of Status Desired  | □ <b>»</b>   | 8.75 Additional<br>Fee Required       |  |
| City & State   |   | City & State  |                                 | ·                       |   | 6. Election Campaign Financing  |  | 55.00 May Be                          |  |
| Zip  | Country   | 28  | T                               |                         |   | Trust Fund Contribution   |  | Added to Fees                         |  |
| 24   | 25  | Zip <b>29</b>   | Country<br>30                   |                         |   | 8. This corporation has liability for i   | intangible tax un  | ders 199.032,                         |  |
|  | 9. Name and Address of Curre  | nt Registered Agent   | 30]                             |                         |   | Florida Statutes Yes  10. Name and Address of New R   |  |                                       |  |
|  |   |   | 81                              | Name                    |   | TO, Hame and Address of New A   | afizrated vider  | 11                                    |  |
| SCHAFFNER, RUBY J  |   |   |                                 | Ctront /                | A clalus s                                      | (D.O. Doublesheet-Mark  |  |                                       |  |
|  | DRON COURT  |   | 82                              | Sueeta                  | eet Address (P.O. Box Number is Not Acceptable) |   |  |                                       |  |
| ORLAND   | O FL 32806  |   | 63                              |                         |   |   |  |                                       |  |
|  |   |   | 84                              | City                    | ····  |   |  | 1 35 0 1                              |  |
| 11. Pursuant to  | the provisions of Sections 607.0500   | lood 007 1500 51 11 0   |                                 | . <u></u>               |   |   | FL  85   | ,                                     |  |
| or registere   | d agent, or both, in the State of Flori   | r and 607.1508, Florida Statute:<br>da. Such change was authorize | s, the above-r<br>d by the corp | named co<br>pration's l | rporation                                       | on submits this statement for the purp<br>of directors. I hereby accept the appo  | pose of changing   | its registered office                 |  |
|  | and accept the obligations of, Sect   | ion 607.0505, Florida Statutes.                                   |                                 |                         |   | и отогото, утогору вобори и е арро  | intribut as regis  | tered agent. I am                     |  |
| SIGNATURE -s   | Ignature, typicd or printed name of registered agent  | and title if applicable (NOY)                                     | Bogistered Agor                 | Leissalues es           | on discorting                                   |   |  |                                       |  |
| 12.  | OFFICERS AN   |   | 13.                             | 1 39 131016 18          | rgin istr w                                     | ADDITIONS/CHANGES TO OFFIC  | DATE<br>CERS AND DIDE  | CTODE IN 12                           |  |
| TITLE  | D   | ☐ DELETE  | 1. 1 TITLE                      | · J                     | D,  | P   | XI Cha   |                                       |  |
| NAME   | SCHAFFNER, RUBY J   |   | 1.2 NAME                        |                         | SCH   | AFFNER, RURY J  |  |                                       |  |
| STREET ADDRESS   | 2512 MADRON COURT   |   | 13 STREET                       | ADDRESS                 |   | 2. MADRON COURT   |  |                                       |  |
| CITY-ST-ZIP<br>TITLE   | ORLANDO FL 32806  | F1 01 F7  | 14 CITY-S                       | 1-7IP                   | DRL   | MOD, FL 32866   |  |                                       |  |
| NAME   |   | DELETE  | 2 1 TITLE                       | ĺ                       | ٥,  | <b>v</b>  | ☐ Cha  | nge 🔀 Addition                        |  |
| STREET ADDRESS   |   |   | 2 2 NAME                        |                         | SU  | IAFRHER IKELTH A.   |  |                                       |  |
| CITY-ST-ZIP  |   |   | 23STREF1                        |                         | 25  | 12 MADRON A   |  |                                       |  |
| TITLE  |   | DELETE  | 24 CITY-ST<br>3 1 TITLE         | - ZIP                   |   | CLAND, FL. 33806  |  |                                       |  |
| NAME   |   |   | 3 2 NAME                        |                         | D,  |   | Cha  | nge Addition                          |  |
| STREET ADDRESS   |   |   | 3.3. STREET                     | ADDRESS                 | 201   | affuerviviend.  |  |                                       |  |
| CHTY-ST-ZIP  |   |   | 3.4 CITY-ST                     |                         | Ol  | CANDO'EC 3381P  |  |                                       |  |
| TITLE  |   | DELETE  | 4. 1 TITLE                      |                         |   |   | Cha  | nge Addition                          |  |
| NAME   |   |   | 4.2 NAME                        |                         |   |   |  |                                       |  |
| TREET ADDRESS  |   |   | 4 3 STREET A                    | ADDRESS                 |   |   |  |                                       |  |
| CITY-ST-ZIP  |   |   | 4.4 CITY-ST                     | - ŽIP                   |   |   |  |                                       |  |
| IAME   |   | DELETE  | 5 1 TITLE                       |                         |   |   | ☐ Cha  | nge 🔲 Addition                        |  |
| TREET ADDRESS  |   |   | 5 2 NAME                        |                         |   |   |  |                                       |  |
| CITY-ST-ZIP  |   |   | 5 3 STREET A                    |                         |   |   |  |                                       |  |
| ITLE   |   | DELETE  | 6 1 TITLE                       | - ZIP                   |   |   |  |                                       |  |
| IAME   |   | bud veccin  | 6.2 NAME                        |                         |   |   | Chai   | nge 🗀 Addition                        |  |
| TREET ADDRESS  | •   |   | 6.3 STREET A                    | DORESS                  |   |   |  |                                       |  |
| HTY-ST-ZIP   |   |   | S A CITY OF                     | 710                     |   |   |  | ļ                                     |  |
| oath: that I a   | pertify that the information supplied when information indicated on this annual in an officer or director of the corporation 12 or Block 13 if changed, or or | ation or the recourse or trustee -                                | ned and does<br>report is true  | not qualif              | ly for thurate a<br>this rep                    | e exemption stated in Section 119.0<br>nd that my signature shall have the so<br>oort as required by Chapter 607, Flori | 7(3)(k), Florida St<br>ame legal effect<br>ida Statutes: and | atutes. I further<br>as if made under |  |

(407) 896-6116 Daytime Phone #