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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90007 039 ***150.00

r. Corporation	MENT # P95000 BUSINESS SERVICES, INC.					
Principal Place	e of Business	Mailing Address		:	IIQI ŞIBBY IBYRI BIŞIB IBIBI IBIL IBBI	
640 EAST OCE	· ·	640 EAST OCEAN AVENUE	•			
BOYNTON BEACH FL 33435-5052 BOYNTON BEACH FL 33435			-5052	DO MOT MOITE IN TH	UO ODAGE	
-	•			DO NOT WRITE IN TO 3. Date Incorporated or Qualified	1IS SPACE	
				 3. Date incorporated of cidaliled 03/06/1995 		
· 2 Principal D	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	ace of Dusiness	26 8/5 RIDGE	Road	65-0555122	Not Applicable	
Suite, Apt.	#, étc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional	
22		27 # 7		5. Certifcate of Status Desired	Fee Required	
City & State	е	City & State	C.	6. Election Campaign Financing	\$5.00 May Be	
23		28 Lantans	FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	<u> </u>	30 Psin Box	. · · · · · · · · · · · · · · · · · · ·	¥Yes □No	
	Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
AHO	JOHN'D					
AHO, JOHN'D 640 EAST OCÈAN AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable) —	,	
BOYNTON BEACH FL 33435-ND52			83	ATUGE KUBU T		
501					``	
			84 City	An trans	85 Zip Code	
44 . D	to the provision of Sections 607 050	2 and CO7 1509 Florida Statuta		corporation submits this statement for the purpose	of changing its registered	
office or n	egistered agent, or both, in the State (of Florida. Such change was au	thorized by the corpo	ration's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	m familiar with, and accept the obliga-	tions of Section 607.0505. Elori	da Statutes.	3/12	ka	
SIGNATURE	Signature typed or printed name of registered agen	t and titse if applicable. (NOTE:	Registered Agent signature re	guired when reinstating) DATE	///	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 X	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	AHO, JOHN D	./	1.2 NAME			
STREET ADDRESS	815 RIDGE RD., #7		1.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZIP		··	
TITLE		☐ DELETE	. 2.1 TITLE		☐ Change ☐ Addition	
NAME	•	`	2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	* .		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS:			4.3 STREET ADDRESS	1		
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	`a.	,	6.2 NAME	•	-	
STREET ADDRESS	,		6.3 STREET ADDRESS			
SINEE I AUUNESSI	\		64 CITY, ST. 7IP		`.	

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: