

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019581 (4)

1. Corporation Name:

BUSINESS SOLUTIONS INC., OF ORLANDO

Principal Place of Business

4099 FLORALWOOD COURT
ORLANDO FL 32812

Mailing Address

4099 FLORALWOOD COURT
ORLANDO FL 32812-7912

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

HEVEY, ANDREW A
4099 FLORALWOOD COURT
ORLANDO FL 32812

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3301370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 officer 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

(NOTE: Type or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	1.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
NAME	NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME	NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
NAME	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	<input type="checkbox"/> DELETE	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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 407-855-7490

Date/Phone #

CR2E034 (9/96)