

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

FILED

Jan 29 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 # P95000043875 (0)

1. Corporation Name
COMPUTER BUSINESS SYSTEMS, INC.



Principal Place of Business
800 W. OAKLAND PARK BLVD.
STE 302
WILTON MANORS FL 33311
US

Mailing Address
800 W. OAKLAND PARK BLVD.
STE 302
WILTON MANORS FL 33311-1733
US

3. Date Incorporated or Qualified 06/07/1995
3a. Date of Last Report 06/27/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 4170 N.E. 6 AVE.		26 4170 N.E. 6 AVE		65-0586058		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		88.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		55.00 May Be	
23 OAKLAND PARK, FL		28 OAKLAND PARK, FL		Trust Fund Contribution		Added to Fees	
Zip		Zip		<input type="checkbox"/>			
24 33334		29 33334		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		30 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 USA					

9. Name and Address of Current Registered Agent

WILLIAMS, GERALD S
10426 BREEZEWAY PLACE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GERALD S	1.2 NAME	
STREET ADDRESS	10246 BREEZEWAY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORUDI, RAMIN	2.2 NAME	
STREET ADDRESS	951 LYONS RD. APT. 6103	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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: *Ramin Forudi* RAMIN FORUDI 1/24/97 954-568-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)