

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Oct 06 1998 8:00am  
Secretary of State

DOCUMENT # **P95000057644 (3)**

1. Corporation Name  
**BUSINESS SOLUTIONS OF SOUTH FLORIDA, INC.**



Principal Place of Business

**8400 N. UNIVERSITY DRIVE  
SUITE 201  
TAMARAC FL 33321  
US**

Mailing Address

**8400 N. UNIVERSITY DRIVE  
SUITE 201  
TAMARAC FL 33321  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1995**

4. FEI Number

**65-0601299**

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

**21 8400 N. UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**22 SUITE 202**

City & State

**23 TAMARAC, FL**

Zip

**24 33321**

Country

**25 USA**

2a. Mailing Address

**26 8400 N. UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**27 SUITE 202**

City & State

**28 TAMARAC, FL**

Zip

**29 33321**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**HOLCOMB, KIM  
8400 N. UNIVERSITY DRIVE  
SUITE 201  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

**81 Name Kim HOLCOMB**  
**82 Street Address (P.O. Box Number is Not Acceptable) 8400 N. UNIVERSITY DRIVE**  
**83 SUITE 202**  
**84 City TAMARAC**

**FL**

**85 Zip Code 33321**

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 **Kim Holcomb**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-30-98**

12. OFFICERS AND DIRECTORS

TITLE **DD** ☐ DELETE

NAME **HOLCOMB, KIM**  
STREET ADDRESS **8400 N. UNIVERSITY DRIVE, SUITE 201**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **HOLCOMB, Kim**

1.3 STREET ADDRESS **8400 N. UNIVERSITY DRIVE, SUITE 202**

1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE **Kim Holcomb**

**9-30-98**

CR2E034 (5/98)