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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999 (1999)



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

DOCUMENT #

1. Corporation Name

BUSINESS SOLUTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

8400 N. UNIVERSITY DR
STE. 201
TAMARAC, FL 33321

Mailing Address

8400 N. UNIVERSITY DRIVE
STE. 201
TAMARAC, FL 33321

2. Principal Place of Business

21 8400 N UNIVERSITY DR
Suite, Apt. #, etc.
22 SUITE 201

City & State

23 TAMARAC, FL

Zip

24 33321

Country

25 USA

2a. Mailing Address

26 8400 N. UNIVERSITY DR
Suite, Apt. #, etc.
27 SUITE 201

City & State

28 TAMARAC, FL

Zip

29 33321

Country

30 USA

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

4. FEI Number

45-060099

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Kim Holcomb

82 Street Address (P.O. Box Number is Not Acceptable)

8400 N UNIVERSITY DR

83

SUITE 201

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 agent 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

12. OFFICERS AND DIRECTORS

TITLE DD
NAME HOLCOMB, Kim
STREET ADDRESS 8400 N. UNIVERSITY DR. STE 201
CITY - ST - ZIP TAMARAC, FL 33321

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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:

Kim Holcomb
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

CR2E034 (9/96)