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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500060655 (4)

B.T. BUSINESS MACHINES, INC.

Mailing Address

Principal Place of Business 613 NORTHLAKE BLVD. N. PALM BCH. FL 33408

613 NORTHLAKE BLVD. N. PALM BCH. FL 33408-5308

FILED Jan 15 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

						08/07/1995	07/1	2/1996		
,	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
	North Military IR.	26 P.O. BOX	7419	<u> </u>		65-0642067		No	t Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Desired		\$8.75 A Fee Re		
_	City & State Cardens, FL. 28 Jupiter FL					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zıp	Country	Zip	Co	untry C	Λ.	8. This corporation has liability for i	intangible t			
24 3341		29 33468	30	μ	·B.		Yes [
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Re	gistered A	gent		
TIRILLO, ATTILIO					Name					
6832 BIG CYPRESS DR.					82 Street Address (P.O. Box Number is Not Acceptable)					
JUPITER FL 33458				83						
				83						
				84	City			85 Zip C	Code	
44 6	10.00	1.007 4500 51 14 614		لــــــــــــــــــــــــــــــــــــــ			FL	Щ		
office or r	to me provisions of Sections 607.0502 egistered agent, or both, in the State o m fami⊩ar with, and accept the obligati	l Florida. Such change was	authorize	ed by	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appo	intment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	76/C	NTE CLASSICA			uired when reinstating)	DATE			
12.	OFFICERS AND		13.	eo Age	kit siği atme redi	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	DP	DELETE	1.1.1	TLE		ADDITIONAJON PRINCED TO OFFICE		Change	Addition	
NAME	TIRILLO, ATTILIO	_	1.2 N				•			
STREET ADDRESS	6832 BIG CYPRESS DR.				ADDRESS					
CITY-ST-ZIP	JUPITER FL 33458			ITY-S	1					
THLE	ST	DELETE	211				******	Change	Addition	
NAME	TIRILLO, BETTY M		226	IAME						
STREET ADDRESS	6832 BIG CYPRESS DR.				ADDRESS					
CITY - ST - ZIP	JUPITER FL 33458				ST-ZIP					
TOLE		DELETE	31T		1			Change	Addition	
NAME			32 N	IAME						
STREET ADDRESS			3.3 5	TREET	ADDRESS					
City - S1 - ZIP			34	OTY-8	ST- ZIP					
TITLE		☐ DELETE	4.1 7	ITLE				Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3 \$	TREET	ADORESS					
CHY-ST-ZIP			4.4 0	IIY-S	IT-ZIP					
TITLE		DELETE	51 T			- Continue		Change	Addition	
NAME			521	IAME						
STREET ADDRESS			539	STREET	ADDRESS					
CITY-ST-ZIP			5.4 (CITY-S	ST-ZIP					
TITLE		DELETE	6.1 1			H N _k , , , , , , , , , , , , , , , , , , ,	*	Change	Addition	
NAME			6.21	AME						
STREET ADDRESS			635	STREET	ADDRESS					
CITY - ST - ZIP					IT - ZIP					
	by certify that the information supplied	with this filing does not qua				ed in Section 119.07(3)(i), Florida Statute	s I further	certify that	the	

information indicated on this arinual 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 charged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1997561.775: