## 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 # P95000063233 (7)
1. Corporation Name

**ULTIMATE BUSINESS SYSTEMS, INC.** 

Principal Place of Business 8306 MILLS DRIVE, SUITE 104 Mailing Address

## FILED Feb 19 1997 8:00am Secretary of State



8306 MILLS DRIVE. SUITE 104 MIAMI FL 33183		8306 MILLS DRIVE. SUITE 104 MIAMI FL 33183-4838						
					3. Date Incorporated or Qualified 08/16/1995		of Last F 1/1996	Report
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26		65-0601415		N	ot Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & St 23	tate	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Court 30	try	8. This corporation has liability for intangible to under s. 199.032, Florida Statutes Yes You No			
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered A	jent	
R	ubin, debra m esq.			B1 Name				
420 SOUTH DIXIE HIGHWAY SUITE #48				Street	Address (P.O. Box Number is Not Acceptate	ole)		
	ORAL GABLES FL 33146		Ĺ	83				
L				B4 City		FL	<b>85</b> Zip	Code
office o agent	or registered agent, or both, in the I am familiar with, and accept the	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	itatutes, the ab was authorized 5, Florida Statu	ove-named by the corp tes.	corporation submits this statement for the p poration's board of directors. I hereby accep	ourpose of o pt the appoi	nanging ( ntment as	its registered registered
SIGNATUR	Signature typed or printed name with equite	red agent and fitte it applicable	(NOTE: Registered	Agent signature	required when reinstating)	DATE		<del></del>
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 12
1/1LE	PSTD	DELETE	1 1 7171	E			Change	Addition
NAME	O'STEEN, RICHARD B		12 NAI	Æ				
STREET ADORES	s 8306 MILLS DRIVE, SUITE	104	1.3 STA	EET ADDRESS	•			
CITY-ST-ZIF	MIAM) FL 33183		1.4 CIT	-ST-ZIP				
TITLE		DELETE					Change	☐ Addition
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STREET ADDRES	351			EET ADDRESS	***************************************	ę sz		
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CITY ST-71P	20							
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City+S1+ZiC		DELETE		Y-ST-ZIP		т	Change	Addition
TITLE		ויין הנדונ				L	T Manife	TT MODITION
NAME			6.2 NAI					
STREET ADORES	IS			eet address				
CITY ST-7IF	1		6.4 CIT	y - ST - ZIP	<u> </u>			

14. To 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:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/10,

305-297-3435

Daytime Phone i