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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 14 1998 8:00am

Secretary of State

305

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063233 (7)

Block 12 or Block 13 if changed, or on an attachment with an address.

ULTIMATE BUSINESS SYSTEMS, INC.

Principal Place of Business Mailing Address 8306 MILLS DRIVE, SUITE 104 8306 MILLS DRIVE. SUITE 104 MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0601415 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUBIN, DEBRA M ESQ. **420 SOUTH DIXIE HIGHWAY** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE #4B 83 **CORAL GABLES FL 33146** City 84 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, typed or protect name of regelered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIFFECTORS 13. DELETE ☐ Change ■ Addition TITLE **PSTD** 11 DILE NAME O'STEEN, RICHARD B 1.2 NAME STREET ADDRESS 8306 MILLS DRIVE, SUITE 104 1.3 STHEET AODRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition 21 HTLE TITLE NAME 2.2 NAME 2 3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 7/116 NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 suppliemental 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