

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000070315 (3)

1. Corporation Name  
REPASKY BUSINESS SERVICES, INC.



Principal Place of Business  
171 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765

Mailing Address  
171 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 50 SMITH STREET	26 50 SMITH STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State OVIEDO, FL	28 City & State OVIEDO, FL
24 Zip 32765	29 Zip 32765
25 Country Seminole	30 Country Seminole

3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3338472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REPASKY, B N  
171 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name REPASKY, B. N.
82 Street Address (P.O. Box Number is Not Acceptable) 50 SMITH STREET
83
84 City OVIEDO, FL
85 Zip Code 32765

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 B. Nadine Repasky Pres. 7-25-97  
B. NADINE REPASKY, Pres. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVTs	<input type="checkbox"/> DELETE	1.1 TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REPASKY, NADINE B		1.2 NAME REPASKY, B. NADINE	
STREET ADDRESS 843 PHOENIX LN.		1.3 STREET ADDRESS 50 SMITH STREET	
CITY-ST-ZIP OVIEDO FL 32765		1.4 CITY-ST-ZIP OVIEDO, FL 32765	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 from an attached list.

SIGNATURE B. Nadine Repasky Pres. 4-28-97  
B. NADINE REPASKY, Pres. 407-977-7914

CR2E034 (4/97)