

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028330 (4)
 1. Corporation Name
APEX BUSINESS SOLUTIONS INCORPORATED



Principal Place of Business 9005 CHAPMAN OAK COURT WINDERMERE FL 34786	Mailing Address 9005 CHAPMAN OAK COURT WINDERMERE FL 34786-8601
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2. Principal Place of Business 21 771 Kirkman Road Suite, Apt. #, etc. 22 Suite 107 City & State 23 Orlando, FL Zip 24 32811 Country 25 Orange	2a. Mailing Address 26 771 Kirkman Road Suite, Apt. #, etc. 27 Suite 107 City & State 28 Orlando, FL Zip 29 32811 Country 30 Orange	3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
		4. FEI Number 59-3372866	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BORK, DALE A 9005 CHAPMAN OAK COURT WINDERMERE FL 34786	10. Name and Address of New Registered Agent 81 Name No Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Dale A. Bork
STREET ADDRESS		1.3 STREET ADDRESS	9005 Chapman Oak Court
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jeffrey S. Bork
STREET ADDRESS		2.3 STREET ADDRESS	1080 Eric Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kissimmee, FL 34744
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, or on an attachment with an address.

SIGNATURE: Jeffrey S. Bork **SIGNATURE REQUIRED** Jeffrey S. Bork 04/30/97 407-296-3688
 _____ Date Daytime Phone #

CR2E034 (9/96)