SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

771 KIRKMAN RD

ORLANDO FL 32811

2a. Mailing Address

SUITE 107

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

2. Principal Place of Business

771 KIRKMAN RD

ORLANDO FL 32811

SUITE 107



FLORIDA DEPARTMENT OF STATE

FILED

Sep 03 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

03/25/1996 4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028330 (4)

APEX BUSINESS SOLUTIONS INCORPORATED

21			26					59-3372866	Not Applicable	
Suite, Apt	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22			27		<u></u>			v. Columbate of Otation Desired	Fee Required	
City & Sta	te	—¬ -	City & State				6. Election Campaign Financing	\$5.00 May Be		
23			28					Trust Fund Contribution	Added to Fees	
Zip	<u> </u>	Country	Zip		⊢ Cou	ntry		8. This corporation owes or has paid the curr	.	
24	2	<u>- 1</u>	29		30			Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered	Agent	
WINDERMERE FL 34786							Ivanie			
							82 Street Address (P.O. Box Number is Not Acceptable)			
							83			
office or	registered age	of or both in the State	of Florida S	iuch change was	authorized	l hu	the corneration	ation submits this statement for the purpose of ch n's board of directors. I hereby accept the appoin	anging its registered	
agent. I	am familiar with	h, and accept the oblig	ations of, sec	tion 607.0505, F	Iorida Stat	utes	o oorporado	2 222.2 2. disposes. I hereby accept the appoin	manufic do registorao	
SIGNATURE									-	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register							gent signature requir	red when reinstating) DATE	B pipeotopp in 40	
12.	PT	OFFICERS AF	ND DIKECTO		13,	16	———	ADDITIONS/CHANGES TO OFFICERS AN		
	1 ' '	EA		DELETE				· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME PROCEST ADDRESS	BORK, DAL	MAN OAK COURT			1.2 NA	-	*DD0C00			
STREET ADDRESS	WINDERME				1		ADDRESS	,		
CITY-ST-ZIP	VPS	NE FL			1.4 CH 2.1 TH		-ZIP		– 1	
ł	, ···	EDEV C		DELETE				\ 1	Change Addition	
NAME	BORK, JEF				2.2 NA			λ		
STREET ADORESS	1080 ERIC KISSIMMEE						ADDRESS	'		
CITY-ST-ZIP	VIOONWEE	FL		<u> </u>	2.4 CIT		-ZIP		- 1	
TITLE	1			L_] DELETE	3.1 TIT			+	Change Addition	
NAME					3.2 NA					
STREET ADDRESS							ADDRESS	\sim		
CITY-ST-ZIP	 -			——————————————————————————————————————	3.4 CIT		ZIP		-	
TITLE	ļ			L DELETE	4.1 TIT			j	Change Addition	
NAME					4.2 NA			1		
STREET ADDRESS							ADDRESS	\$		
CITY-ST-ZIP					4.4 CIT	_	ZIP	1		
TITLE	J			DELETE	5.1 YIT			į l	Change Addition	
NAME					5.2 NA					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	·				5.4 CIT		ZIP		<u>-</u>	
TITLE				DELETE	6.1 TIT			` \	Change Addition	
NAME	}				6.2 NA					
STREET ADDRESS					6.3 STF	REET	ADDRESS			
CITY-ST-ZIP					6.4 CIT	Y-ST-	ZIP			

14. I 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: