

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

FILED

Mar 13 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 # P96000079138 (7)

1. Corporation Name:

INWOOD BUSINESS SYSTEMS, INC.



Principal Place of Business:

8401 9TH STREET, SUITE B930
ST. PETERSBURG FL 33702

Mailing Address:

8401 9TH STREET, SUITE B930
ST. PETERSBURG FL 33702-3568

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 P.O. Box 10033

22 City & State:

27 City & State:
28 LARGO FLORIDA

23 Zip:

Country:

29 33773-0033 30 PINELAS

9. Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified:

09/24/1996

3a. Date of Last Report:

N/A

4. FEI Number:

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired:

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution:

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes:

☐ Yes ☐ No

10. Name and Address of New Registered Agent:

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL

85 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:

(NOTE: Registered Agent's signature required when reinstating)

DATE:

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 F
NAME
PSTD
INWOOD, PAUL A
STREET ADDRESS
8401 9TH STREET, SUITE B930
CITY, ST, ZIP
ST. PETERSBURG FL 33702

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

102 F
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

103 F
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

104 F
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

105 F
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

106 F
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I hereby certify that the information supplied with this form 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(813) 799-5034

CR2E034 (9/96)