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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham

Segretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600080087 (5)

INTERKON BUSINESS SYSTEMS, INC.

Mailing Address Principal Place of Business

FILED Apr 28 1997 8:00am Secretary of State



205 LAKE SHO											
MENUILI IODA	re dr. Nd FL 32953			AKE \$HORE DR. ITT ISLAND FL 32	953-7961						
								3. Date Incorporated or Qualified 09/23/1996	3a. D	ate of Last	Report
2. Principal Pl	lace of Busines	SS	2a. M	ailing Address				4. FEI Number	L		\pplied For
	N. Hw		26					59-3400114	+	<u> </u>	lot Applicable
Sulte, Apt.		/ 		ite, Apt. #, etc.							Additional
22 Sui	te 2		27	•				5. Certificate of Status Desired			Required
City & State	e	_	28	ty & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24 3レタン		Country G	29	p	30 Cot	intry		8. This corporation has liability fo Florida Statutes	r intangible		s. 199.032,
		nd Address of Curr	ent Register	ed Agent				Name and Address of New R	egistered	Agent	
ROB	BINS, TOM					B1 Name	0				
	LAKE SHORE	E DR.				B2 Stree	1 Addison	(P.O. Box Number is Not Accepta	abla)		
	RITT ISLAND					04 SH06	. Address	(i .o. box number is not Accept	anicj		
. 141791		+====				63		······································			
. 5						0.00					. 0
>						B4 City			FL	85 Zir	Code
11. Pursuant t	to the provision	s of Sections 607.0	502 and 607.	1508, Florida Sta	tutes, the a	pove-name	d corpora	tion submits this statement for the	nurnose o	f changing	its registered
™office or re	egistered ager	nt, or both, in the Sta , and accept the obl	te of Florida -	Such change wa	is authorize	d by the co	rporation	's board of directors. Thereby acc	opt the app	pointment a	s registered
-	III I a IIIIII ar wuri	and accept the on	igations or, o	,0000,1001,000	i ionda ola	uico.					
SIGNATURE	Signature, typed or	proted name of registerou a	aged and title if as	nsteable (f	(OTE: Registere	d Agent signati	re required w	chen reinstating)	DATE		
12.		OFFICERS A	ND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	Reside	OFFICERS A	ND DIRECTO	DELETE		īl f	Pres	ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO Change	
	Preside	ent	ND DIRECTO			TLF AME	Pres	ADDITIONS/CHANGES TO OFF	ICERS ANI		
TITLE NAME	Tom S	Robbins				TLE Ame Reen address	Pres Ton 205	ADDITIONS/CHANGES TO OFF	ICERS ANI		
TITLE NAME STREET ADDRESS	Tom 205 Lo	ent			1.1 1) 1.2 N 1.3 S		Pres Ton 205	additions/changes to off ident C. Robbins Lake shore Pr.			
TITLE NAME	Freside Tom 205 Lo Marrit	Robbins			1.1 1) 1.2 N 1.3 S	TY-\$1-7IP	Pres Ton 205 Mes	ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Tom 205 Lo 205 Lo	Robbins		DELETE	1.1 1/ 1.2 N 1.3 S 1.4 C	TY-\$1-7IP	Pres Ton 205 Mes	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tom 205 Lo Martil	Robbins		DELETE	1.1 1) 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	TY-ST-ZIP TLE AME	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tom 205 Lo Marti	Robbins		DELETE	1.1 1) 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TY-ST-ZIP TLE AME TREET ADDRESS	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom 205 Lo Marti	Robbins		DELETE	1.1 1) 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TY-ST-ZIP TLE AME PREET ADDRESS ITY-ST-ZIP	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tom 205 Lo Morri	Robbins		DELETE	1.11/ 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TY-ST-ZIP TLE AME PREET ADDRESS ITY-ST-ZIP TLE	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Tom 205 Lo Morri	Robbins		DELETE	1.11/ 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tom 205 Lo Morris	Robbins		DELETE	1.11/ 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tom 205 Lo Morris	Robbins		DELETE	1.11/ 12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 4.1 TI 4.2 N 4.3 S	IY-S1-ZIP ILE AME IREET ADDRESS ITY-S1-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME	Me	additions/changes to off ident C. Robbins Lake shore Pr.		☐ Change	Addition Addition
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amount induction of this arrival report of supplemental amount exports to enter accorded an order or signature shall have the same legal effect as it flatde under of a man 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.