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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

_	
Principal Place of Business	Mailing Address
103 SOUTH U.S. HIGHWAY ONE #F1	103 SOUTH U.S. HIGHWAY ONE

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90124 038 ***150.00

	MENI # P96000	087372		}	
T. Corporation	n Name	001 0. L			
BUSINES	SS SPECIALISTS, INC.				
				I CARICARIO DIO PROGRAMBA DALLA DOLLA DALLA	1 5 111 12223 17111 12010 1701 1001
Principal Place	e of Business	Mailing Address		ישועם ווושם ווושם ווועם וווועם שווטו שוו וששווטפו ו	1811 1888 1111 1888 1111 1881 1891 1891
		103 SOUTH U.S. HIGHWAY	ONE #F1		
103 South U.S. Highway One. #E1		OHL. FEI			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				10/22/1996	
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21		26		65-0701310	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required.
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year int	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
	C DONALD D		81 Name		
	G, DONALD P		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	South U.S. Highway one, #E	:I	<u> </u>		
JUPI	TER FL 33477		83		
-			84 City		85 Zip Code
, '			64 City	FL	. 65 Zip Code
11.,Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607,0505. Flor	ithorized by the corporat ida Statutes.	ion's board of directors. I hereby accept the appoi	ntment as registered
ugcin. i u	in ranimor with, and according on again	10110 01, 0000011 001 10000, 1 101			
LOSONATURE					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
					ND DIRECTORS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		
12 .	OFFICERS AND D LONG, DONALD P	D DIRECTORS	13.		
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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 proof 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, with all other like empowered.

SIGNATURE: