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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094720 (5)

ENHANCED BUSINESS SOLUTIONS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				{			
1715 EAST BAY DRIVE #D LARGO FL 33771		1715 EAST BAY DRIVE #D LARGO FL 33771							
						DO NOT WRITE IN THIS S	PACE		_
						3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a, Mailing Address				11/15/1996 4. FEI Number		Applied For	4
21			26			7,000			\dashv
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·				Not Applicable \$8.75 Additional		
22		27	27			5. Certificate of Status Desired	•	Required	
City & Stat	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	7 ₁ p	Country			8. This corporation owes or has paid the curr			
24	25 g. Name and Address of Cu	29	30				Yes	⊠ No	4
LIO.		biteit Negistered Agent		81	Name	10. Name and Address of New Registered	rgent		\dashv
	RNER, J B								-
	15 EAST BAY DRIVE #D RGO FL 33771		82 Street Ad			ess (P.O. Box Number is Not Acceptable)			٦
124	NOO FL 33// I			83					-
									╛
				84	City	FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	tutes, the al	pove-	named corpo	oration submits this statement for the purpose of	changin-	g its registered	_
oπice or r agent. I a	egisterod agent, or both, in the S m familiar with, and accept the c	State of Florida. Such change wa obligations o). Section 607.0505.	is authorized Florida Stat	d by t lutes.	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the control of the	pintment	as registered	
SIGNATURE	/ND Storm	er, tres.				4-2 and where reinstating) DATE	4-9	8	
12.	OFFICERS	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	7
TITLE	P	☐ DELETE	1.1 Til	1.1 TITLE			☐ Chang	e 🔲 Addition	
NAME			1.2 NA	1.2 NAME					2
STREET ADDRESS	1875 CAMEO WAY		1.3 S ⁻¹		DDRESS				ì
CITY-ST-ZIP	CLEARWATER FL			TY-ST-	- ZIP				្រីទ
TITLE	VP	☐ DELETE	2.1 111				Chang	e L Addition	١
NAME				2.2 NAME					
STREET ADDRESS	1498 EXCALIBUR DR CLEARWATER FL				DDRESS				
CITY-ST-ZIP TITLE	VLEARWATER FL	DELETE	2. 4 C	ITY-SI	- ZIP		Chapa	o I Addition	4
NAME							Chang	e Li Addition	
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					1
TITLE		DELETE 4.1.7			-20		Chang	e Addition	1
NAME			4. 2 N/	AME					ŀ
STREET ADDRESS			4.3 ST	REET AL	DORESS				
CITY-ST-ZIP			4.4 CIT	TY-51-	ZIP				
TITLE		DELETE	5.1 717				Change	e 🔲 Addition	1
NAME	5.2		5.2 NA	.2 NAME					
STREET ADDRESS			5.3 ST	REET AL	DDRESS				
CITY-ST-ZIP			5.4 CII	IY-ST-	ZIP				
TITLE	. D		6 1 TIT	LE			Change	e 🔲 Addition	٦
NAME			62 NA	ME					
STREET ADDRESS			63 51	REET AC	DDRESS				
CITY-ST-ZIP			6.4 CIT	Y-\$1.	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 an antachment with an address.

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JB 12

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