## 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** 

## DOCUMENT # P97000049224

1. Corporation Name

WORLD BUSINESS SOLUTIONS, INC.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90026 002 \*\*\*150.00



Principal Place of Business Mailing Address  10631 NW 22 STREET 13230 SW 30 CT	
PEMBROKE LAKES FL 33026 DAVIE FL 33330  DO NOT WRITE IN THIS SPACE	
US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<del></del>
06/02/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number App	lied For
├── \ <b>^</b> \ <b>^</b> \ <b>^</b> \ \  \	Applicable
Suite, Aot #, etc. Suite, Aot #, etc \$8.75 Ao	Iditional
22 DAVIE DAVIE - Fee Red	uired
City & State City & State 6. Election Campaign Financing \$5.00 M	•
28 Trust Fund Contribution Added to	Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.	∃No
24 33024 25 29 33330 30 Personal Property Tax. Yes Solution 10. Name and Address of New Registered Agent	
9, Name and Address of Current Registered Agent 10, Name	
GRIMSLAND, DEBORA	
10631 NW 22 STREET 82 Street Address (P.O. Box Number is Not Acceptable)	
PEMBROKE LAKES FL 33026	
84 City   FL   85 Zip Ci	oue
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 re-	egistered
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.	stered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE 0 Change	S IN 12
''' <sup>-</sup>	Addition
AND	
DELIDROUG LAUTO EL AGOA	
CITY-ST-ZIP	Addition
NAME GRIMSLAND, ROY 2.2 NAME	_
STREET ADDRESS 13230 SW 3RD CT 2.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL 33330	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4, CITY-ST-ZIP	
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TILE   Change	
NAME 4.2 NAME	
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NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         ☐ DELETE         5.1 TITLE         ☐ Change	☐ Addition
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME	☐ Addition
NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS	☐ Addition
NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE       5.1 TITLE         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP	
NAME	☐ Addition
NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE       5.1 TITLE         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       DELETE       6.1 TITLE       Change	

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 officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #