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 # P98000059673

AMERICAN BUSINESS SYSTEMS, INC.

Principal Place of Business	
1638 PHILLIPS HWY #12 ACKSONVILLE FL 32256	

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90025 039 ***150.00



				_					(2012 110 110
Principal Plac	e of Business	Mailing Address				* 1991/1981 114 19191 19111 19111 19111	abili 25141 S	1414 IBIIB B + I	18848 1111 1884
8638 PHILLIPS	HWY #12	8638 PHILLIPS HWY #12							
JACKSONVILLE FL 32256		JACKSONVILLE FL 32256				OO NOT WOTE	IN TUE	SDACE.	
						DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS S	SPACE	- -
						07/01/1998			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26	26		59-3522189		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27	27			5. Certificate of Status Desired	∟. 	Fee Re	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28		Trust Fund Contribution		Added 1	to Fees	
Zip	Country	Zip	Coul	ntry		8. This corporation owes the curren			_
24	25	29	30			Personal Property Tax. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered A	gent	
21.1 1.	OVERD DIMIND F			81	Name				
KLUSMEIER, PHILLIP E			ļ	82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
10828 READING ROAD									_
JACI	ksonville fl 32257)	83					
			}	84	City			85 Zip (Code
				1	•	poration submits this statement for the pu	<u> FL</u>		
SIGNATURE	m familiar with, and accept the obligation of th				signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	FFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D	☐ DELETE	1,1 TIT	LE		President		Change	✓ ☐ Addition
NAME	KLUSMEIER, LINDA D		1.2 NA	ME		Sometiment of the second of th			
STREET ADDRESS	10828 READING ROAD		1.3 STR		ADORESS				1
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CIT	Y-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE:	_ .	Chief Financial Office C.F.O.	1	Change	☐ Addition
NAME	KLUSMEIER, PHILLIP E		2.2 NA	ME		CEO.			
STREET ADDRESS	10828 READING ROAD		2.3 STI	REET	ADDRESS	C. F. U.			
CITY-ST-ZIP	JACKSONVILLE FL 32257		2. 4 Cl	TY-ST	-ZIP				
TITLE		☐ DELETE	3.1 TiT	LÉ		* =		Change	_
NAME	32 N		3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET/	ADDRESS				
CITY-ST-ZIP			3.4. C[TY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE				☐ Change	Addition
NAME			4, 2 NA	ME	+				
STREET ADDRESS			4.3 ST	REET	ADORESS				
CITY-ST-ZIP			4.4 CIT	Y-\$T-	ZIP				
TITLE		☐ DELETE	5.1 T/T	LE				Change	☐ Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET	AODRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				☐ Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET/	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-	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 of an an attachment with an address, with all other like empowered.

SIGNATURE:

1-17-99

(904) 737-9092