

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45910 (4)

1. Corporation Name

J.F.M. BUSINESS TECHNOLOGIES, INC.

Principal Place of Business

901 NORTHPOINT PKWY, STE 309
W PALM BCH FL 33407
US

Mailing Address

901 NORTHPOINT PARKWAY, STE 309
W PALM BCH FL 33407
US

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21 3892 PROSPECT AVE	26 3892 PROSPECT AVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 3	27 SUITE 3		
City & State		City & State	
23 WPB, FL	28 WPB, FL		
Zip	Country	Zip	Country
24 33404	25 Palm Beach	29 33404	30 Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
04/10/1991	03/10/1995
4. FEI Number	Applied For
65-0262068	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Section Campaign Financing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent													
MULACH, JOEL F. 901 NORTHPOINT PKWY, STE 309 W PALM BCH FL 33407		<table border="1"> <tr> <td>81 Name</td> <td>JOEL F. MULACH</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>3892 PROSPECT AVE</td> </tr> <tr> <td>83 SUITE 3</td> <td></td> </tr> <tr> <td>84 City</td> <td>WPB</td> </tr> <tr> <td>FL</td> <td>85 Zip Code</td> </tr> <tr> <td></td> <td>33404</td> </tr> </table>		81 Name	JOEL F. MULACH	82 Street Address (P.O. Box Number is Not Acceptable)	3892 PROSPECT AVE	83 SUITE 3		84 City	WPB	FL	85 Zip Code		33404
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83 SUITE 3															
84 City	WPB														
FL	85 Zip Code														
	33404														

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 registered 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULACH, JOEL F.	1.2 NAME	38922
STREET ADDRESS	901 NORTHPOINT PKWY, STE 309	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400002315424-4
STREET ADDRESS		2.3 STREET ADDRESS	-10/08/97--01110--003
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIG AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/97

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pg. 2 of 2

JFM BUSINESS TECHNOLOGIES INC.



JFM BUSINESS TECHNOLOGIES, INC.
MEMORANDUM

TO: Florida Department of State
FROM: Joel F. Mulach *Joel F. Mulach*
DATE: 10/2/97
SUBJECT MATTER: 1997 ANNUAL REPORT - #S45910

As per our conversation today, enclosed please our check for \$165 for the 1997 Profit Corporation Annual Report for Document #S45910.

We apparently did not receive the form as it was sent to our old address (see copy of 1996 report sent in stating new address).

Please re-instate immediately.

Thanks for your help and cooperation.