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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | JAL REPORT 1997 | · · · · · · · · · · · · · · · · · · · | Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | | |
|------------------------------|---|--|---|----------------------|--|--|--------------|--------------------------------|-----------------------------|
| | MENT # S5050 BUSINESS SERVICE, INC | ` ' | | | ······································ | | | | |
| GLUDE | DUSINESS SENVICE, INC | • | | | | | | | |
| Principal Place | | Mailing Address | | | | - - | | i ia 61011 01011 | |
| 7491-C5 NORT BOCA RATON | H FEDERAL HIGHWAY FL 33487 | 5030 CHAMPION BLVD SUITE 6-294 BOCA RATON FL 33496-2473 | | | | | | | |
| | | US | • | | | 3. Date Incorporated or Qualified 05/03/1991 | | e of Last R I 0/1996 | eport |
| 2. Principal P | lace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0278074 | | Ap | oplied For ot Applicable |
| Suite, Apt 22 | #, etc. | Suite, Apt. #, etc. | V-1111 11 | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & Stati | ė | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Ζφ 24 | Country 25 | Zip Co. 29 30 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 Name | | 10. Name and Address of New Re | gistered A | .gent | |
| RIFKIN, JOEL C | | | | | Ð | | | | |
| 7040 WEST PALMETTO PARK ROAD | | | | 82 Stree | t Addre | ss (P.O. Box Number is Not Acceptate | ole) | | |
| SUITE #2 | | | | 83 | | | | | |
| HOCA RATON FL 33433 | | | | | | | | | |
| | | | | 84 City | | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statut | es, the a | bove-name | d corpo | oration submits this statement for the p | | changing it | s registered |
| office or r agent 1 a | egistered agent, or both, in the Stating familiar with land accept the obli | le of Florida. Such change was gations of, Section 607,0505, Fl | authorize orida Stal | d by the co ates. | orporatio | oration submits this statement for the pon's board of directors. I hereby accept | of the appo | intment as | registered |
| SIGNATURE | • | | | | | | | | |
| | Signature, typed or profed name of registered a | | | d Agent signatu | re required | d when reinstaling) | DATE | DIDECTOR | |
| 12. THUF | VTD OFFICERS A | ND DIRECTORS | 13. | | _ | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| NAME | RIFKIN, ELLIS | | 1.2 N | | 1 | | • | Onange | LLI ADDITION |
| STREET ADDRESS | 7040 W. PALMETTO PK. RD. | | | REET ADDRESS | | | | | |
| CITY-S1-ZIP | BOCA RATON FL | | | TY-ST-21P | | | | | |
| TITLE | PD | ☐ DELETE | 2.1 11 | | | | | Change | Addition |
| NAME | RIFKIN, JOEL | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 7040 W. PALMETTO PK. RD. | | 2.3 S | REET ADDRESS | s j | | | | |
| City - S* - ZiP | BOCA RATON FL | | | ITY-\$T-ZIP | | | | | |
| THILF | S STATE A | ☐ DELETE | 3.1 1 | | | | l | ∐ Change | L. Addition } |
| NAME | RIFKIN RITA A 7040 w Palmetto PK RD { | OTE 0 | 3.2 N | | | | | | |
| STREET ADDRESS | BOCA RATON FL | DIE Z | 1 | REET ADDRESS | · | | | | |
| CITY-ST-ZIP TITLE | DOUX BATON FL | DELETE | 4.1 TI | ITY-ST-ZIP TLE | | | - | Change | Addition |
| NAME | | Second of Second 1 in | 4. 2 NAME | | 1 | | | | |
| STREET ADDRESS | | | | REET ADDRESS | ; | | | | } |
| CITY - ST - ZIP | | | 4.4 CIT | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 5 2 N | AME | | | | | |
| STREET ADDRESS | | | . 5.3 S | REET ADDRESS | 5 | | | | |
| CITY - ST - ZIP | | 1 APLETE | | TY-ST-ZIP | | | | | 1 de distan |
| TITLE | | DELETE | 6.1 TI | | | | ı | Change | Addition |
| NAME STREET ADDRESS | | | 6.2 N | ame Treet address | | | | | |
| Since Abanco5 | 1 | | 012 | INCE I NOUNCO | · 1 | | | | , |

64 CITY-\$1-2#

14. I do 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 on an attachment with an address.

FILED

Mar 28 1997 8:00am