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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54472

1. Corporation Name
FBS BUSINESS SYSTEMS CORPORATION

Principal Place of Business 6116 BENJAMIN RD TAMPA FL 33634	Mailing Address PO BOX 15365 TAMPA FL 33684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5430 W. CRENSHAW Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33634 Country 25 USA	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/22/1991	4. FEI Number 59-3071291 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CHATTERTON, RICHARD M.
5828 JOHNS ROAD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name **CHATTERTON, RICHARD M**
 82 Street Address (P.O. Box Number is Not Acceptable)
5430 W. CRENSHAW
 83
 84 City **TAMPA, FL 33634 FL** 85 Zip Code **33634**

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 607.0507, Florida Statutes.

SIGNATURE *Richard M. Chatterton* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	CHATTERTON, GLORIA N.
STREET ADDRESS	15402 N FLA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CHATTERTON, RICHARD M.
STREET ADDRESS	15402 N FLA AVE
CITY-ST-ZIP	TAMPA FL 33613
TITLE	VP <input type="checkbox"/> DELETE
NAME	KRUCK, MICHAEL L
STREET ADDRESS	4623 TAMNEY LANE
CITY-ST-ZIP	LAND O'LAKES FL 34639
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard M. Chatterton* 3-11-99 813 884-0414
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)