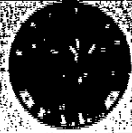


**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 21 AM 10:55

**DOCUMENT # S76849 (6)**  
 1. Corporation Name  
**BUSINESS SYSTEMS INCORPORATED OF SOUTH FLORIDA**

Principal Place of Business      Mailing Address  
 7750 LAMRADA DR.                      7750 LA MIRADA DR.  
 BOCA RATON FL 33433                  BOCA RATON FL 33433  
 US    US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
 08/29/1991                                  02/02/1994

2. Principal Place of Business      2a. Mailing Address  
 21    26  
 Suite, Apt. #, etc.                          Suite, Apt. #, etc.  
 22    27  
 City & State                                  City & State  
 23    28  
 Zip    Zip    Country    Country  
 24    25    29    30

4. FEI Number                                  Applied For  
 65-0284454                                  Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required  
 6. Election Campaign Financing       \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**LIPACK, RONALD B.**  
**7750 LA MIRADA DR.**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City    FL      85 Zip Code

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 signature required when registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	POY
NAME	LIPACK, RONALD B.
STREET ADDRESS	7750 LA MIRADA DR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	VDS
NAME	LIPACK, MARCIA
STREET ADDRESS	7750 LA MIRADA DR.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE: *Ronald Lipack*      6/15/95      (407) 350-4480  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR      Date      Daytime Phone #  
**RONALD LIPACK**

CR2E034 (3/95)