

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ANDER B. MICHAE
Secretary of State
TALLAHASSEE, FLORIDA 32399

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **S77818 (0)**

95 MAY - 1 PM 1:25

SOUTH CENTRAL BUSINESS SYSTEMS, INC.

Principal Office
1235 NE 9TH AVE
1145 NE 7TH AVE
FT. LAUDERDALE FL 33304

Main Office
1235 NE 9TH AVE
1145 NE 7TH AVE
FT. LAUDERDALE FL 33304

Use Extra Space If Needed

3. Date of Last Annual Report: **09/04/1991**
3a. Date of Last Report: **07/14/1994**

2. Filing Fee (Check one): 21. <input type="checkbox"/> Regular 22. <input type="checkbox"/> Late 23. <input type="checkbox"/> Other	25. <input type="checkbox"/> Yes 26. <input type="checkbox"/> No	24. <input type="checkbox"/> Yes 25. <input type="checkbox"/> No	26. Mailing Address: 27. State, Apt # (if): 28. City & State: 29. City, State, Zip	4. FEE Number: 65-0284294 <i>Add Capital Stock</i>	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 is eligible for integration tax under § 199.730, Florida Statute: <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RE, FRANK 1145 NE 7TH AVE, 1235 NE 9TH AVE FT. LAUDERDALE FL 33304		81. Name:	
		82. Street Address (P.O. Box Number is Not Acceptable):	
		83. City:	
		84. State:	FL
		85. Zip Code:	

11. I, the undersigned, the president, officer, director, or authorized agent of the corporation, hereby certify that the information furnished herein is true and correct, and that the corporation has authorized me to execute this report and to file the same with the Secretary of State.

Signature: _____ Title: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORIAL OFFICERS
1. NAME RE, FRANK	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 2740 BURNING TREE DR.	2. STREET ADDRESS
3. CITY FT LAUDERDALE FL	3. CITY <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS
6. CITY	6. CITY <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS
9. CITY	9. CITY <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY	12. CITY <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in section 199.730, Florida Statute. I further certify that the information completed on the annual report or supplemental report is true and correct, and that the corporation shall have the same kept on file by the Secretary of State. I also certify that any officer or director of the corporation of this report who is required to file this report with the Secretary of State, Florida Statute, and that my name appears on this report as a director of the corporation with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/27/95 305-761-7875