

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S77818 (0)**  
 1. Corporation Name  
**SOUTH CENTRAL BUSINESS SYSTEMS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>1225 NE 9TH AVE<br>FT. LAUDERDALE FL 33304<br>US | Mailing Address<br>1225 NE 9TH AVE<br>FT. LAUDERDALE FL 33304<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/04/1991**

4. FEI Number  
**65-0284294**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>1231 NE 9th Ave</b><br>Suite, Apt. #, etc.              | 26. Mailing Address<br>26 <b>1231 NE 9th Ave.</b><br>Suite, Apt. #, etc.                        |
| 22. City & State<br>23 <b>Ft. Lauderdale FL</b><br>Zip Country<br>24 <b>33304</b> 25 <b>USA</b> | 27. City & State<br>28 <b>Ft. Lauderdale FL</b><br>Zip Country<br>29 <b>33304</b> 30 <b>USA</b> |

9. Name and Address of Current Registered Agent

**RE, FRANK**  
**1225 NE 9TH AVE**  
**FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1231 NE 9th Ave**

83

84 City **Ft. Lauderdale** FL 85 Zip Code **33304**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | DELETED                  |
|----------------------------|------------------------------|--------------------------|
| TITLE                      | <b>P</b>                     | <input type="checkbox"/> |
| NAME                       | <b>RE, FRANK</b>             |                          |
| STREET ADDRESS             | <b>2740 BURNING TREE DR.</b> |                          |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL</b>      |                          |
| TITLE                      |                              | <input type="checkbox"/> |
| NAME                       |                              |                          |
| STREET ADDRESS             |                              |                          |
| CITY-ST-ZIP                |                              |                          |
| TITLE                      |                              | <input type="checkbox"/> |
| NAME                       |                              |                          |
| STREET ADDRESS             |                              |                          |
| CITY-ST-ZIP                |                              |                          |
| TITLE                      |                              | <input type="checkbox"/> |
| NAME                       |                              |                          |
| STREET ADDRESS             |                              |                          |
| CITY-ST-ZIP                |                              |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 | Change                   | Addition                 |
|---|---------------------------------|--------------------------|--------------------------|
| 1.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  | <b>RE Frank</b>                 |                          |                          |
| 1.3 STREET ADDRESS                                    | <b>4510 NE 21st Ave</b>         |                          |                          |
| 1.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33308</b> |                          |                          |
| 2.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |                                 |                          |                          |
| 2.3 STREET ADDRESS                                    |                                 |                          |                          |
| 2.4 CITY-ST-ZIP                                       |                                 |                          |                          |
| 3.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |                                 |                          |                          |
| 3.3 STREET ADDRESS                                    |                                 |                          |                          |
| 3.4 CITY-ST-ZIP                                       |                                 |                          |                          |
| 4.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |                                 |                          |                          |
| 4.3 STREET ADDRESS                                    |                                 |                          |                          |
| 4.4 CITY-ST-ZIP                                       |                                 |                          |                          |
| 5.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |                                 |                          |                          |
| 5.3 STREET ADDRESS                                    |                                 |                          |                          |
| 5.4 CITY-ST-ZIP                                       |                                 |                          |                          |
| 6.1 TITLE   |                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

SIGNATURE: \_\_\_\_\_ **Frank RE Res 4/20/98 954-768-0611**

CR2E034 (10/97)