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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S81957 (0) 1. Corporation Name JOHN'S TAX AND BUSINESS SERVICES INC.		



Principal Place of Business 734 NW 141ST STREET MIAMI FL 33168	Mailing Address 734 NW 141ST STREET MIAMI FL 33168-6836
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1991		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0283431		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABNER, BEVERLY 734 NW 141ST STREET MIAMI FL 33168				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3.			
				b4. City			
				b5. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	ABNER, BEVERLY L.	DIRECTOR	SUZANNE HEUERMAN LEONARD
STREET ADDRESS	734 NW 141ST STREET	1.3 STREET ADDRESS	715 HONEY TREE CT
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	KOKOMO, IN, 46901
	S	2.1 TITLE	DIRECTOR
	ABNER, ROSEN D.	2.2 NAME	CHRISTINA GORMAN
STREET ADDRESS	734 NW 141ST STREET	2.3 STREET ADDRESS	301 BIRCH AVE
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	ORANGE CITY, FL 32763
	P	3.1 TITLE	DIRECTOR
	LEWIS, ROBERT D.	3.2 NAME	CAROLYN REIDER
STREET ADDRESS	734 NW 141ST STREET	3.3 STREET ADDRESS	2000 NE 135 ST APT 304
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI FL 33181
		4.1 TITLE	VICE-PRESIDENT
		4.2 NAME	MICHAEL B. LEWIS
STREET ADDRESS		4.3 STREET ADDRESS	734 NW 141 ST
CITY - ST - ZIP		4.4 CITY - ST - ZIP	MIAMI, FL 33168
		5.1 TITLE	
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Beverly L. Abner* *305*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treasurer 4/25/97 68-0039*

CP2E034 (9/96)