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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**

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	7. 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			

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	
T ABNER, BEVERLY L. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S ABNER, ROSEN D. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE	1.2 NAME SUZANNE HEUERMAN LEONARD	
P LEWIS, ROBERT D. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 715 HONEY TREE CT	
		1.4 CITY-ST-ZIP KOKOMO, IN, 46901	
		2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME CHRISTINA GORMAN	
		2.3 STREET ADDRESS 301 BIRCH AVE	
		2.4 CITY-ST-ZIP ORANGE CITY, FL 32763	
		3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME CAROLYN REIDER	
		3.3 STREET ADDRESS 2000 NE 135 ST APT 304	
		3.4 CITY-ST-ZIP MIAMI FL 33181	
		4.1 TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME MICHAEL B. LEWIS	
		4.3 STREET ADDRESS 734 NW 141 ST	
		4.4 CITY-ST-ZIP MIAMI, FL 33168	
		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 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**
 SECRETARY OF STATE Treasurer 4/25/97 68-0039

CF2E034 (9/96)