


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

FILED

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

3. Date Incorporated or Qualified: 09/20/1991  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0283431  
Applied For: Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
ABNER, BEVERLY  
734 NW 141ST STREET  
MIAMI FL 33168

10. Name and Address of New Registered Agent (B1-B5)  
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

T	ABNER, BEVERLY L. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE
S	ABNER, ROSEN D. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE
P	LEWIS, ROBERT D. 734 NW 141ST STREET MIAMI FL	<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUZANNE HEUERMAN LEONARD	
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* Treasurer 4/25/97 68-0039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)