

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

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

DOCUMENT # V23834 (7)  
1. Corporation Name  
CENTRAL FLORIDA BUSINESS SOLUTIONS, INC.



|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>2202 HAVENDALE BLVD.<br>WINTER HAVEN FL 33881<br>US | Mailing Address<br>2202 HAVENDALE BLVD.<br>WINTER HAVEN FL 33881<br>US |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |                        |                                                                                    |  |                                                                                                                                                                            |  |
|--------------------------------|------------------------|------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address                                                                |  | 3. Date Incorporated or Qualified<br>03/23/1992                                                                                                                            |  |
| 21 Suite, Apt. #, etc          | 26 Suite, Apt. #, etc. | 4. FEI Number<br>59-3109248                                                        |  | Applied For<br>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<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                                                                                                                                                |  |
| 24 Country                     | 29 Country             | 30                                                                                 |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

MONTNEY, RICHARD H., JR.  
1933 S. LAKE CANNON DRIVE, N.W.  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 85 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

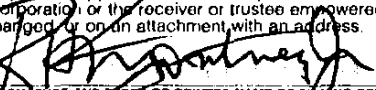
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                               | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAUER, JOHN R.                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 186 LAKE TENNESSEE DRIVE        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | AUBURDALE FL                    | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP                              | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MONTNEY, RICHARD H. JR.         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1933 S. LAKE CANNON DRIVE, N.W. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S                               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAUER, JOHN R                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 186 LAKE TENNESSEE DR           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | AUBURDALE FL                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T                               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MONTNEY JR, RICHARD H           | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1933 S LAKE CANNON DRIVE NW     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                 | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                 | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 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 or on an attachment with an address.

SIGNATURE:



3/12/98

941-297-9293

CR2E034 (10/97)