FILED

Apr 26, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V23834** 1. Corporation Name

CENTRAL FLORIDA BUSINESS SOLUTIONS, INC.

d/b/a PROPAK SOFWARE &

Principal Place of Business
2202 HAVENDALE BLVD.
WINTER HAVEN FL 33881

2202 HAVENDALE BLVD. WINTER HAVEN FL 33881



US	U\$						DO NOT WRITE IN THIS SPACE						
								corporated or Q	ualifed				
2. Principa Pi	ace of Business	2a. Mailing Address					4. FEI Number					Apr	ied For
21		26					59-31	09248				Not	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc					6 Cortifor	ato of Status Do	sired [— — — —		Iditional
22							J. Ceruica	ate of Status De	Sileo		Fe	e Req	uired
City & State	9	City & State				6. Election	n Campaign Fina	ancing _	1	\$ 5.	.00 t	lay Be	
23		28					Trust Fund Contribution Added to Fees						
Zip	Courtry	Zip				8. This corporation owes the current y			year nta				
24	25	29	30					al Property Tax.	 <u> </u>		Yes		∃No
	9. Name and Address of Current	Registered Agent					10. Name	and Address of	New Regi	stere d /	Agent		
A #ON	THEY DIGUADO U ID			81	Name								
	TNEY, RICHARD H., JR.		82 Street Ac			Ac dress	s (P.O. Bo)	Number is Not.	Acceptable)				
	S. LAKE CANNON DRIVE, N.W.												
WIN	ER HAVEN FL 33881			83									
				84	City					FI.	85	Zip C	ode
44 5	to the provisions of Sections 607.0502	and COT 1509. Florida State	on th		l named		ation submi	e this statement	for the pur	nose of	changin	n its r	enistered
office or re	to the provisions or Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	Florida. Such change was 1	uthori	zed by	the corpo	oration's	s board of (lirectors. I hereb	y accept the	e apt oir	tment a	s reg	stered
=	The state of the s												
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable (NOT	Regist	ered Ager	nt signature i	required wi	hen reinstating)			DATE			
12.	OFFICERS AND			13.			ADDITIC	NS/CHANGES	TO OFFICE	ERS AN			
TITLE	Р	☐ DELETE	1	1 TITLE							Cha	inge	Addition
NAME	Sauer, John R.		į 1.	2 NAME									
STREET ADDRESS	186 LAKE TENNESSEE DRIVE		1	3 STREE	T ADDRESS	1							
CITY-ST-ZIP	Auburndale fl		1	14 CITY-ST-ZIP		<u> </u>							
TITLE	VP	☐ DELETE	: 2	1 TITLE							☐ Cha	inge	☐ Addition
NAME	MONTNEY, RICHARD H. JR.		2.2 NAM			İ							
STREET ADDRESS	1933 S. LAKE CANNON DRIVE,	N.W.	2.3 STI		3 STREET ADDRESS								
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CIT		ST-ZIP								
TITLE	S	☐ DELETE	3	.1 TITLE			_				Cha	inge	Addition
NAME	SAUER, JOHN R		3	2 NAME									
STREET ADDRESS	186 LAKE TENNESSEE DR		3	3 STREE	TADDRESS								
CITY-ST-ZIP	AUBURNDALE FL		3	4. CITY-S	ST-ZIP	<u> </u>							
TITLE	T	☐ DELETE	4	.1 TITLE			-	· 			☐ Cha	inge	Addition
NAME	MONTNEY JR, RICHARD H		4	2 NAME									
STREET ADDRE 3S	1933 S LAKE CANNON DRIVE N	W	4	3 STREE	1 ADDRESS								
CITY-ST-ZIP	WINTER HAVEN FL		4	4 CITY-S	T-ZIP	L.							
TITLE		☐ DELETE	5	.1 TITLE		Ĭ					Cha	inge	Addition
NAME			5	.2 NAME									
STREET ADDRE IS			5	.3 STREE	TADDRESS								
CITY-ST-ZIP			5	4 CITY-S	T- ZIP								
TITLE		☐ DELETE	6	.1 TITLE				<u> </u>			☐ Cha	inge	Addition
NAME			j 6	.2 NAME									
STREET ADDRE IS			6	3 STREE	T ADDRESS								
CITY-ST-ZIP			. 6	4 CITY-S	T-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 cartify that the information indicated on this annual report of supplemental financial 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 of chapted or on an attach nent with an address, with a lother like empowered.

SIGNATURE: