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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

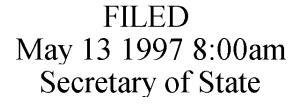
DOCUMENT # V34049

(9)

COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC

Principal Place of Business

Mailing Address





5102 S.W. 72N MIAMI FL 3315		5102 S.W. 72ND AVE. MIAMI FL 33155-5530						
					3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last 05/01/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26			65-0335462		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country		Count	• This corporation has hability for altanguage tax bridge 8, 1933		s. 199.032,		
24 25 29 3 9. Name and Address of Current Registered Agent			30					
050		of Current Registered Agent	8	.T.;;	10. Name and Address of New Reg	istered Agent		
SEDLAR, JO ANN 5102 S.W. 72ND AVE.				1 Name				
	2 5.W. 72ND AVE. MI FL 33155		8	82 Street Address (P.O. Box Number is Not Acceptable)				
- Mirail (E 00100				3				
			l					
			В	4 City		FI 85 Z	p Code	
11. Pursuant	to the provisions of Sections	607,0502 and 607,1508, Florida Statut	tes, the abo	ve-named corp	poration submits this statement for the pu		its registered	
office or r agent. I a	egistered agent, or both, in t m familiar with, and accept t	the State of Florida. Such change was the obligations of, Section 607.0505, Fl	authorized I orida Statut	by the corpora es.	poration submits this statement for the pution's board of directors. I heroby accept	t the appointment a	as registered	
SIGNATURE								
	Signature, lyped or printed name of re-			gent signature requi	red when reinstating)	DATE		
12.	OFFIC DP	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	SEDLAR, JO ANN	☐ DELETE	1.1 7111.6			Change	Addition	
NAME	5102 S.W. 72ND AVE.		1.2 NAME					
STREET ADDRESS	MIAMI FL			T ADDRESS				
C(TY-ST-Z)P TITLE			1.4 CHY 2.1 TITLE	S1-ZIP		Change	Addition	
NAME	pittit		2.1 III II			L Criange	Addition	
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY - ST - ZIP					
TITLE	DELETE		3.1 I(ILE			Change	Addition	
NAME			3.2 NAMI					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-7iP				
TITLE	DELETE		4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	:1 ADDRESS				
CITY-ST-ZIP			4.4 City	ST- Z IP				
TITLE			5.1 TITLE		Change Addition		Addition	
NAME			5.2 NAME	•				
STREET ADDRESS			5 3 STRE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE	DELETE		6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	T 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 ordan attachment with an address.