


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

FILED

May 06 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 # <i>V 41561</i>					
1. Corporation Name Business COM Services Incorporated 4747 N. LAKEWOOD HILLS BLVD LAKEBUA FL 33805-9577					
2. Principal Place of Business 4747 N LAKEWOOD HILLS BLVD Suite 37B Lake land FL 33805-9577		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified <i>5/30/1992</i> 3a. Date of Last Report <i>4/30/96</i>	
21. State <i>FL</i>		2b. City & State <i>Lake land FL</i>		4. FEI Number <i>59-3128270</i> Applied For <input type="checkbox"/> Not Applicable	
22. City & State <i>Lake land FL</i>		23. City & State <i>Lake land FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip <i>33805-9577</i>		25. Country <i>Polk</i>		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Zip <i>33805-9577</i>		27. Country <i>Polk</i>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Mark S. Thompson 4747 N. LAKEWOOD HILLS BLVD SUITE 37B Lake land FL 33805-9577			10. Name and Address of New Registered Agent		
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.			81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <i>FL</i> 85. Zip Code		
SIGNATURE <i>Mark S. Thompson</i> (NOTE: Registered Agent signature required when re-stating)			DATE <i>4/28/97</i>		
12. OFFICERS AND DIRECTORS					
1.1 TITLE <i>C.E.O.</i> <input type="checkbox"/> DELETE 1.2 NAME <i>MARK THOMPSON</i> 1.3 STREET ADDRESS <i>4747 N. LAKEWOOD HILLS BLVD #37B</i> 1.4 CITY-ST-ZIP <i>LAKEBUA - FL 33805-9577</i>					
2.1 TITLE <i>SECRETARY</i> <input type="checkbox"/> DELETE 2.2 NAME <i>MARK THOMPSON</i> 2.3 STREET ADDRESS <i>4747 N. LAKEWOOD HILLS BLVD #37B</i> 2.4 CITY-ST-ZIP <i>LAKEBUA FL 33805-9577</i>					
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 800002177458 -05/13/97--01108--033 ***165.00					
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: <i>Mark S. Thompson</i> Mark Thompson <i>4/28/97</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)