

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030156 (2)

1. Corporation Name

BUSINESS RESOURCE CENTERS - USA, INC.



Principal Place of Business

Mailing Address

8330 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

1810 SABEL DRIVE
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

2a. Mailing Address

21 22106 MONTESBELLO DR
Suite, Apt. #, etc.

26 22106 MONTESBELLO DR
Suite, Apt. #, etc.

22 City & State
23 BOCA RATON FL.
24 Zip 33433 25 Country

27 City & State
28 BOCA RATON FL.
29 Zip 33433 30 Country

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

07/13/1995

4. FEI Number

59-3192424

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

9. Name and Address of Current Registered Agent

GIRNUN, ALLEN
8330 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name TESSA GIRNUN
82 Street Address (P.O. Box Number is Not Acceptable)
22106 MONTESBELLO DRIVE
83
84 City BOCA RATON FL 85 Zip Code 33433

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)

1/15/96

12. OFFICERS AND DIRECTORS

TITLE SVOP
NAME GIRNUN, LARRY
STREET ADDRESS 8330 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE PT
NAME GIRNUN, ALLEN J
STREET ADDRESS 8330 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE FL 33351 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S VP
1.2 NAME GIRNUN, LARRY
1.3 STREET ADDRESS 22106 MONTESBELLO DR
1.4 CITY-ST-ZIP BOCA RATON FL 33433 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE P.T.
3.2 NAME TESSA GIRNUN
3.3 STREET ADDRESS 22106 MONTESBELLO DR
3.4 CITY-ST-ZIP BOCA RATON FL 33433 ☒ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)