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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90002 040 ***150.00

04/05/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000096533

1. Corporation Name
TOTAL BUSINESS RESOURCES, INC.



Principal Place of Business
 10150 BELLE RIVE BOULEVARD, #702
 JACKSONVILLE FL 32256

Mailing Address
 10150 BELLE RIVE BOULEVARD, #702
 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **7899 Bay meadows way**
 Suite, Apt. #, etc. **6**

2a. Mailing Address
 26 **4446 Summer Haven Blvd South**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
11/27/1996

FEI Number
59-3412961

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Jacksonville**

City & State
 28 **Jacksonville FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **32256** Country **USA**

Zip **32258** Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUR, RAVINDRA
 10150 BELLE RIVE BOULEVARD, #702
 JACKSONVILLE FL 32256

81 Name **Ravindra Gaur**
 82 Street Address (P.O. Box Number is Not Acceptable)
4446 SUMMER HAVEN BLVD SOUTH
 83
 84 City **JACKSONVILLE FL** 85 Zip Code **32258**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GAUR, RAVINDRA	1.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BOULEVARD, #702	1.3 STREET ADDRESS	4446 Summer Haven Blvd. South
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32258
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GAUR, SAVITA	2.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BOULEVARD, #702	2.3 STREET ADDRESS	4446 Summer Haven Blvd South
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	Jacksonville FL 32258
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF REGISTERED AGENT** **RAVINDRA GAUR** **3/29/99** **904-733-1113**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (1/99)