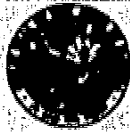


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745314** (5)

THE M.B. PROFESSIONAL BUSINESS CONSULTANTS OF FLORIDA, INC.

Principal Place of Business: P. O. BOX 13070 SAVANNAH GA 31416
Mailing Address: P. O. BOX 13070 SAVANNAH GA 31416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2003315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent SKINNER, DEAN 1090 HIGHWAY A1A SATELLITE BEACH FL 32937	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JOANNE E.	1.2 NAME	
STREET ADDRESS	5119 N TAMiami TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, DEAN F	2.2 NAME	
STREET ADDRESS	1090 N A1A	2.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BCH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISH, WAYNE G.	3.2 NAME	
STREET ADDRESS	709 STEPHENSON AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, ALFRED J.	4.2 NAME	
STREET ADDRESS	P.O. BOX 1832, NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, STEPHANE P.	5.2 NAME	
STREET ADDRESS	709 STEPHENSON AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAVANNAH GA	5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephane P. McGowan* 4/25/95 912)354-1471
Stephane P. McGowan Date (Type in Year)