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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

745314

(5)

THE M.B. PROFESSIONAL BUSINESS CONSULTANTS OF FL ORIDA, INC.

FILED May 15 1997 8:00am Secretary of State



P. O. BOX 13070 SAVANNAH GA 31416		P. O. BOX 13070 SAVANNAH GA 31416-0070					
					3. Date Incorporated or Qualified 12/19/1978	3a. Date of Las 05/01/	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	,	Applied For
1		26		-	59-2003315		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 1 1 1	5 Additional Required	
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		B. This corporation has liability for		rs. 1 9 9.032,
24	25 9. Name and Address of Currer	29	30		Florida Statutes L 10. Name and Address of New Re	Yes No	
	9, Maine and Address of Corter	it Undistaten vånit	81	Name	<i>-</i>		
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SKINNER	i, dean iHWAY A1A		82	Street Ad	Idress (P.O. Box Number is Not Acceptall		302
	E BEACH FL 32937		83	<u> </u>		<u> </u>	<u> </u>
ONILLUI	E DEMOTT IE OFFOT		84			7821 3	in Code
			04	Chy Br	adentin	FL 85 §	ip Code
11. Pursuant to	the provisions of Sections 617.050	2 and 617.1508, Florida Statur	tes, the above	-named co	proporation submits this statement for the p	ourpose of changin	g its registere
agent. I am	gistered agent, or both, in the State I familiar with, and accept the oblig	ations of, Section 617.0503, FI	autriorized by orida Statutes	the corpor	ration's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE	Wenne E. Tree	aseur			11	1126197	
						J - 7 / /	
	ignature, typed or printed name of registered age	ent and title if applicable. (NO)		ni signature rec	quired when reinstating)	DATE DIDECT	ODC (N. 40
12.	Shature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOT ID DIRECTORS	13.	ni signature rec	quired when reinstaling) ADDITIONS/CHANGES TO OFFICE		
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), normal challenges to the filing does not qualify for the exemption stated in Section 118.07(3)(i), normal challenges that 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Stephenic 1. Decrease the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/29197