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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745314 (5)

1. Corporation Name
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 31416-0070
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/19/1978	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-2003315	Applied For <input type="checkbox"/> 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
		8. 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

**SKINNER, DEAN
1090 HIGHWAY A1A
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name **JoAnne E. Ferguson**
82 Street Address (P.O. Box Number is Not Acceptable)
6221 14th St. West Suite 302
83
84 City **Bradenton** FL 85 Zip Code **34209**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *JoAnne E. Ferguson* DATE **4/26/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERGUSON, JOANNE E.	
STREET ADDRESS	5119 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKINNER, DEAN F	
STREET ADDRESS	1090 N A1A	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARISH, WAYNE G.	
STREET ADDRESS	709 STEPHENSON AVENUE	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KNAPP, ALFRED J.	
STREET ADDRESS	P.O. BOX 1832, NA	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGOWAN, STEPHANIE P.	
STREET ADDRESS	709 STEPHENSON AVE.	
CITY-ST-ZIP	SAVANNAH GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ferguson, Joanne E.	
1.3 STREET ADDRESS	6221 14th St. West. Suite 302	
1.4 CITY-ST-ZIP	Bradenton, Fla. 34207	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lee, Sharon E.	
2.3 STREET ADDRESS	3175 S. Congress Ave Ste 106	
2.4 CITY-ST-ZIP	Palm Springs FL 33461	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Parish, Wayne G.	
3.3 STREET ADDRESS	7505 waters Ave. F4	
3.4 CITY-ST-ZIP	Savannah Ga 31406	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kelly, James P.	
4.3 STREET ADDRESS	103 westminster Place	
4.4 CITY-ST-ZIP	Nashville TN 37205	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McGowan, Stephanie P.	
5.3 STREET ADDRESS	7505 waters Ave. F4	
5.4 CITY-ST-ZIP	Savannah Ga 31406	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephanie P. McGowan* DATE: **4/29/97** DAYTIME PHONE # **912)3541471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)