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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

Mailing Address

P. O. BOX 13070
SAVANNAH GA 31416

P. O. BOX 13070
SAVANNAH GA 31416-0070



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1978		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2003315		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

10. Name and Address of New Registered Agent

SKINNER, DEAN
1090 HIGHWAY A1A
SATELLITE BEACH FL 32937

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	85 State	FL
		86 Zip Code	34207

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* **4/26/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JOANNE E.	1.2 NAME	Ferguson, Joanne E.
STREET ADDRESS	5119 N TAMiami TRAIL	1.3 STREET ADDRESS	6221 14th St. West Suite 302
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Bradenton, Fla. 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, DEAN F	2.2 NAME	Lee, Sharon E.
STREET ADDRESS	1090 N A1A	2.3 STREET ADDRESS	3175 S. Congress Ave Ste 106
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	Palm Springs FL 33461
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISH, WAYNE G.	3.2 NAME	Parish, Wayne G.
STREET ADDRESS	709 STEPHENSON AVENUE	3.3 STREET ADDRESS	7505 Waters Ave. F4
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	Savannah Ga 31406
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNAPP, ALFRED J.	4.2 NAME	Kelly, James P.
STREET ADDRESS	P.O. BOX 1832, NA	4.3 STREET ADDRESS	103 westminster Place
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Nashville TN 37205
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, STEPHANIE P.	5.2 NAME	McGowan, Stephanie P.
STREET ADDRESS	709 STEPHENSON AVE.	5.3 STREET ADDRESS	7505 Waters Ave. F4
CITY-ST-ZIP	SAVANNAH GA	5.4 CITY-ST-ZIP	Savannah Ga 31406
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 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* **4/29/97** **912/3541471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076245

CR2E037 (9/96)