

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002686 (4)

1. Corporation Name

BSI CONSULTANTS, INC.



Principal Place of Business <b>11590 W BERNARDO CT #200 SAN DIEGO CA 92127 US</b>	Mailing Address <b>11590 W. BERNARDO CT #200 SAN DIEGO CA 92127-1622 US</b>
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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
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3. Date Incorporated or Qualified <b>06/10/1993</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>95-2936795</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CZARNECKI, EDWARD L          640 EAST HIGHWAY 44          CRYSTAL RIVER FL 34429</b>	10. Name and Address of New Registered Agent 81 Name <b>Robert L. Henigar</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>640 East Highway 44</b> 83 84 City <b>Crystal River</b>
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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 *[Signature]* DATE **3/2/97**  
Signature of officer or director or registered agent, whichever is applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	BERRYMAN, RAY J	
STREET ADDRESS	11590 W BERNARDO CT, #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERRYMAN, MARY J	
STREET ADDRESS	11590 W BERNARDO CT., #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JON	
STREET ADDRESS	11590 W. BERNARDO CT., #200	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HENIGAR, ROBERT	
STREET ADDRESS	10500 N. SURREY POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2/3/97** **(619) 451-6140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)