

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000004530 (0)

1. Corporation Name  
H.R.B. CONSULTING, INC.



Principal Place of Business  
1119 S.W. ALEXANDRIA AVE.  
PORT ST LUCIE FL 34953

Mailing Address  
1119 S.W. ALEXANDRIA AVE.  
PORT ST LUCIE FL 34953-3495

3. Date Incorporated or Qualified 09/18/1995  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2282107		Applied For	
21 2421 SE LOOKOUT BLVD		26 2421 SE LOOKOUT BLVD				<input checked="" type="checkbox"/> Not Applicable	
22 STE. 201		27 STE. 201		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 PORT ST. LUCIE, FL		28 PORT ST. LUCIE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34984		25 USA		29 34984		30 USA	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAYARD, HARRY R 1119 S.W. ALEXANDRIA AVE. PORT ST LUCIE FL 34953				81 Name BAYARD, HARRY R			
				82 Street Address (P.O. Box Number is Not Acceptable) 2421 SE LOOKOUT BLVD			
				83			
				84 City PORT ST. LUCIE FL 85 Zip Code 34984			

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 *Harry R. Bayard* HARRY R. BAYARD 4/3/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE PCD				1.1 TITLE PCD			
2. NAME BAYARD, HARRY R				1.2 NAME BAYARD, HARRY R			
3. STREET ADDRESS 1119 S.W. ALEXANDRIA AVE.				1.3 STREET ADDRESS 2421 SE LOOKOUT BLVD.			
4. CITY-ST-ZIP PORT ST LUCIE FL				1.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				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: *Harry R. Bayard* HARRY R. BAYARD 4/3/97 561-398-8913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)