

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 23

DOCUMENT # **H64806** (3)

1. Corporation Name

SVBK CONSULTING GROUP, INC.

Principal Place of Business

201 S. ORANGE AVE
STE. 1020
ORLANDO FL 32801-3477
US

Mailing Address

201 S. ORANGE AVE
STE. 1020
ORLANDO FL 32801-3477
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/02/1985** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
59-2570243

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KILLGORE, FRANK
201 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO 32802

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	BROWN, SHEREE L.
STREET ADDRESS	4051 LAKE MIRA DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	CTD
NAME	SAFFER, FRED R.
STREET ADDRESS	1705 BIMINI DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	VDS
NAME	KERSTEN, JOHN R.
STREET ADDRESS	7516 JACOBS FORK LM
CITY - ST - ZIP	CHARLOTTE NC
TITLE	PD
NAME	VUMBACO, JOSEPH A.
STREET ADDRESS	6539 EAST MILAN PLACE
CITY - ST - ZIP	DENVER CO
TITLE	AS
NAME	HERRERA, HENRY
STREET ADDRESS	719 HEMPSTEAD AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	No longer with the Firm. Was terminated on 6-18-93
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Henry Herrera

5-22-95

407-872-1500

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area #)