

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified: **07/02/1985**
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business: **21 205 E. Central Blvd.**
Suite, Apt. #, etc.: **22 Ste 500**
City & State: **23 Orlando, FL**
Zip: **24 32801-1639** Country: **25 USA**
2a. Mailing Address: **26 205 E. Central Blvd.**
Suite, Apt. #, etc.: **27 Ste 500**
City & State: **28 Orlando, FL**
Zip: **29 32801-1639** Country: **30 USA**

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
**KILGORE, FRANK
201 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO 32802**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add-on |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(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* Henry Herrera, Asst. Sec. 4-20-96 407-872-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)