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FILED
May 07 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 # **H64806** (3)
1. Corporation Name
SVBK CONSULTING GROUP, INC.



Principal Place of Business: **205 E CENTRAL BLVD STE 500 ORLANDO FL 32801-1639 US**

Mailing Address: **205 E CENTRAL BLVD STE 500 ORLANDO FL 32801-1980 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

3. Date Incorporated or Qualified: **07/02/1985**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2570243**

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

81 Name: **Killgore, Frank**

82 Street Address (P.O. Box Number is Not Acceptable): **940 Highland Avenue**

83 City: **Orlando, FL 32803**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	VDS	<input type="checkbox"/> DELETE
NAME	KERSTEN, JOHN R.	
STREET ADDRESS	7516 JACOBS FORK LM	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	PD	<input checked="" 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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Sheree L.	
1.3 STREET ADDRESS	4051 Lake Mira Drive	
1.4 CITY - ST - ZIP	Orlando, FL 32817	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kersten, John R.	
2.3 STREET ADDRESS	1403 Mt. Vernon	
2.4 CITY - ST - ZIP	Orlando, FL 32803	
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Herrera, Henry	
4.3 STREET ADDRESS	719 Hempstead Ave.	
4.4 CITY - ST - ZIP	Orlando, FL 32803	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ross, William R.	
5.3 STREET ADDRESS	1175 Hummingbird Ct.	
5.4 CITY - ST - ZIP	Fort Mill, SC 29715	
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: *Henry Herrera* SIGNATURE REQUIRED **Secretary** **4-29-97** **907-872-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)