

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H64806** (3)  
1. Corporation Name  
**SVBK CONSULTING GROUP, INC.**



Principal Place of Business <b>205 E CENTRAL BLVD STE 500 ORLANDO FL 32801-1639 US</b>	Mailing Address <b>205 E CENTRAL BLVD STE 500 ORLANDO FL 32801-1880 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>07/02/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2570243</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>KILLGORE, FRANK 201 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO 32802</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Killgore, Frank</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>940 Highland Avenue</b>	
83 <b>Orlando, FL 32803</b>	
84 City <b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, SHEREE L.</b>		1.2 NAME <b>Brown, Sheree L.</b>	
STREET ADDRESS <b>4051 LAKE MIRA DRIVE</b>		1.3 STREET ADDRESS <b>4051 Lake Mira Drive</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>Orlando, FL 32817</b>	
TITLE <b>VDS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KERSTEN, JOHN R.</b>		2.2 NAME <b>Kersten, John R.</b>	
STREET ADDRESS <b>7516 JACOBS FORK LM</b>		2.3 STREET ADDRESS <b>1403 Mt. Vernon</b>	
CITY-ST-ZIP <b>CHARLOTTE NC</b>		2.4 CITY-ST-ZIP <b>Orlando, FL 32803</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VUMBACO, JOSEPH A.</b>		3.2 NAME	
STREET ADDRESS <b>6539 EAST MILAN PLACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>DENVER CO</b>		3.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERRERA, HENRY</b>		4.2 NAME <b>Herrera, Henry</b>	
STREET ADDRESS <b>719 HEMPSTEAD AVE</b>		4.3 STREET ADDRESS <b>719 Hempstead Ave.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		4.4 CITY-ST-ZIP <b>Orlando, FL 32803</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Ross, William R.</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1175 Hummingbird Ct.</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Fort Mill, SC 29715</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** **4-29-97** **907-872-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #