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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32294

1. Corporation Name

BABCOCK RESEARCH SERVICES, INC.

(6)

FILED May 05 1997 8:00am Secretary of State

| Principal Plac 8510 NW 7TH (PEMBROKE PIN US | COURT | Mailing Address 8362 PINES BLVD SUITE 250 PEMBROKE PINES FL 33024-6600 | | | | | | | |
|---|---|---|--------------------------------|-------------|--|---|------------|---------------------------------------|-----------------------------|
| f | | US | | | Date Incorporated or Qualific 09/02/1988 | ified 3a. Date of Last Report 08/12/1996 | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address 26 85 10 No. (| D, 7 | ميل ور | hsc | 4, FEI Number 65-0070413 | | | oplied For ot Applicable |
| Sulte Apt. | #, etc. | Suite, Apt. #, etc. | | - | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & Stat | ө | 28 Pen Droke V | hes. | FL | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip 24 | Country 25 | 29 7933024 | Country | lS. | | This corporation has liability Florida Statutes | | le tax under s. | . 199,032, |
| | 9. Name and Address of Current | Registered Agent | | .t <u></u> | | 10. Name and Address of New | Registered | d Agent | |
| BABCOCK-ATKINSON, ELIZABETH A. | | | | | | | | | |
| |) NW 7TH COURT BROKE PINES FL 33024 | | 82 | Street | Addres | ss (P,O. Box Number is Not Acce | otable) | | |
| | | | 83 | | | | | | |
| | | | L | | | | | · · · · · · · · · · · · · · · · · · · | |
| . | | | 84 | City | | | F | 85 Zip (| Code |
| agent. I a SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligat | ioris of, Section 607.0505, Flor and tilk if applicable (NOTE: | ricia Statule Registered Ag | S. | | l whon (e-nstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO O | FFICERS AN | | |
| TITLE | BABCOCK-ATKINSON, ELIZAB | LIDELFTE | 111111 | | | | | Charige | Addition |
| NAME | 8362 PINES BLVD, SUITE 250 | | 1.2 NAME | | 96 | 10 N.W. 75 Cou inbroke lines, F | 4 | | |
| STREET ADDRESS | PEMBROKE PINES FL | | 1.3 STREET ADDRESS | | BO | | - 2 | 2 <u>~</u> ~(/ | |
| CITY-ST-ZIP | I SUIDIOIL I NEO I L | DELETE | 1.4 CITY - S 2.1 TITLE | 51 - 7IP | 101 | mbrow rines, t | L_2 | Chance | Addition |
| NAME | | Can Decert | 2.2 NAME | | | , | | onunge | [_] Modified |
| STREET ADDRESS | | | 2.2 NAME 2.3 STREET | ALITICAL CC | | | | | |
| CITY-ST-ZIP | | | 2.3 STREE | | | | | | |
| THILE | | DELETE | 3.1 TITLE | 91-7III | - | | | Change | Addition |
| NAME | | | 3 2 NAME | | | | | | |
| STREET ADDRESS | | | 3 3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | 1 | | | | |
| THILE | | ☐ DELETE | 4.1 1ITLF | | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | - | |
| STREET ADDRESS | | | 4.3 STREET | I ADDRESS | | | | | |
| OFY-ST-ZIP | | | 4.4 CITY - ! | | 1 | | | | |
| 70) C | | DECETE | 5.4.701.5 | | 1 | | | Change | Addition |

16. 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 occaver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 19 of Block 13 if changed or of an attachment with an orderess.

64 CITY - SI - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition