


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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90017 031 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L85449**

1. Corporation Name  
**CBS CONSULTING, INC.**

Principal Place of Business  
1406 S. RIVERSIDE DRIVE  
INDIALANTIC FL 32903

Mailing Address  
1406 S. RIVERSIDE DRIVE  
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1825 S. Riverview DR Suite, Apt. #, etc. 22 City & State 23 Melbourne FL Zip Country 24 32901 25 USA		2a. Mailing Address 26 P.O. Box 2630 Suite, Apt. #, etc. 27 City & State 28 Melbourne FL Zip Country 29 32902-2630 30 USA		3. Date Incorporated or Qualified 07/05/1990 4. FEI Number 59-3018204 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LESLIE R MURPHY 1706 ATLANTIC ST 3A MELBOURNE BCH FL 32951				10. Name and Address of New Registered Agent 81 Name Leslie R. Murphy 82 Street Address (P.O. Box Number is Not Acceptable) 1825 S. Riverview Drive 83 84 City Melbourne FL 85 Zip Code 32901	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY LESLIE	1.2 NAME	Murphy, Leslie
STREET ADDRESS	1706 ATLANTIC ST #3A	1.3 STREET ADDRESS	1825 S. Riverview Drive
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	VPDT <input type="checkbox"/> DELETE	2.1 TITLE	VP-D-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES M	2.2 NAME	Murphy, James M.
STREET ADDRESS	1706 ATLANTIC ST #3A	2.3 STREET ADDRESS	1825 S. Riverview Drive
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	2.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

*Leslie R. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 407-733-1040

CR2E034 (11/98)