FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35236 (1)

1. Corporation Name
BUSINESS REFERRAL SERVICE, INC.

Principal Place of Business	Mailing Address
2919E N. MILITARY TRL. W. PALM BCH. FL 33409	2919E N. MILITARY TRL. W. PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1989
3a. Date of Last Report: 07/22/1994
4. FEI Number: 65-0155748 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

PETERS, H. DUKE II
2919E N. MILITARY TRL
W. PALM BCH. FL 33409

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN GELDER, KAREL	1.2 NAME		
STREET ADDRESS	601 NORTHLAKE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, CATHERINE M O.D.	2.2 NAME		
STREET ADDRESS	842 PARK AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	JAFFE, ERIC N D.M.D.	3.2 NAME		
STREET ADDRESS	9810 ALT. A1A, STE. 106	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, H. DUKE II	4.2 NAME		
STREET ADDRESS	9876 HEATHER CIR., W.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, ANNE' M	5.2 NAME		
STREET ADDRESS	241 OLD MEADOW WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted, with an address.

SIGNATURE: H. Duke Peters II H. DUKE PETERS, II 4-24-95 407 626-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011847