

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N35236

(1)

1. Corporation Name

BUSINESS REFERRAL SERVICE, INC.



Principal Place of Business

2919E N. MILITARY TRL.  
W. PALM BCH. FL 33409

Mailing Address

2919E N. MILITARY TRL.  
W. PALM BCH. FL 33409

3. Date Incorporated or Qualified  
11/14/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0155748

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE  
NAME VAN GELDER, KAREL  
STREET ADDRESS 601 NORTHLAKE BLVD.  
CITY-ST-ZIP N. PALM BCH. FL

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME FORD, CATHERINE M O.D.  
STREET ADDRESS 842 PARK AVE.  
CITY-ST-ZIP LAKE PARK FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME JAFFE, ERIC N D.M.D.  
STREET ADDRESS 9810 ALT. A1A, STE. 106  
CITY-ST-ZIP PALM BEACH GARDENS FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME PETERS, H. DUKE II  
STREET ADDRESS 9676 HEATHER CIR., W.  
CITY-ST-ZIP PALM BCH. GARDENS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME CARTWRIGHT, ANNE' M  
STREET ADDRESS 241 OLD MEADOW WAY  
CITY-ST-ZIP PALM BCH. GARDENS FL

5.1 TITLE PD ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE VD ☐ Change ☒ Addition  
6.2 NAME DR. ANDREW THAW  
6.3 STREET ADDRESS 10800 N. MILITARY TRAIL  
6.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)