

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N35236

(1)

1. Corporation Name

BUSINESS REFERRAL SERVICE, INC.

Principal Place of Business

Mailing Address

11380 PROSPERITY FARMS RD  
SUITE 209B  
PALM BCH GARDENS FL 33410  
US

11380 PROSPERITY FARMS RD  
SUITE 209B  
PALM BCH GARDENS FL 33410  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DESORMIER-CARTWRIGHT ANNE  
11380 PROSPERITY FARMS RD  
SUITE 209B  
PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified

11/14/1989

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

H. DUKE PETERS

82 Street Address (P.O. Box Number is Not Acceptable)

4262 NORTHLAKE BLVD

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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

*H. Duke Peters*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD ☒ DELETE

NAME VAN GELDER, KAREL

STREET ADDRESS 3918 CHAPEL ST

CITY-ST-ZIP LAKE PARK FL

TITLE PD ☒ DELETE

NAME THAW ANDREW, DR

STREET ADDRESS 10800 N MILITARY TRAIL

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VD ☒ DELETE

NAME RADLFF, GARY

STREET ADDRESS 11501 ELLISON WILSON RD

CITY-ST-ZIP NORTH PALM BCH FL

TITLE SD ☒ DELETE

NAME DESORMIER-CARTWRIGHT ANNE

STREET ADDRESS 11380 PROSPERITY FARMS RD #209B

CITY-ST-ZIP PALM BCH. GARDENS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

DANIELA G HAUSMANN

1.3 STREET ADDRESS

4262 NORTHLAKE BLVD

1.4 CITY-ST-ZIP

PALM BEACH GARDENS, FL 33410

2.1 TITLE

STD

2.2 NAME

H. DUKE PETERS

2.3 STREET ADDRESS

4262 NORTHLAKE BLVD

2.4 CITY-ST-ZIP

PALM BEACH GARDENS, FL 33410

3.1 TITLE

E. FLOYD DYESS

3.2 NAME

2560 INISBROOK RD

3.3 STREET ADDRESS

RIVIERA BEACH FL 33404

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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:

*H. Duke Peters*

H. DUKE PETERS

7-22-98

(561)626-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)