SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N35236

BUSINESS REFERRAL SERVICE, INC.

Principal Place of Business __11390_PROSPERITY_FARMS_RD_

-SUITE 209B PALM BCH GARDENS FL 33410 Mailing Address

- 11380 PROSPERITY FARMS RD

← SUITE 2098

PALM BCH GARDENS FL 33410

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90017 030 ****61.25





2. Principal Pla	ACE OF BUSINESS 40E OF LAKE BIJD 26 4262 NOEN	(AKA	: Rlub	3. Date Incorporated or Qualifed 11/14/1989			
21 4666 Suite, Apt. #		CAN	- 1340	4. FEI Number	Api	plied For	
22	27			65-0155748	No	t Applicable	
City & State City & State City & State City & State 23 FACT BERCH GNECTUS, FL 28					\$8.75 A		
Zip	Country Zip	Country Zip Country			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
				10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent 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			3 1				
- SUITE 209		<u> </u>	No SUITE NUMBER				
PALM BCH GARDENS FL 33410			4 City	EI	85 Zip (Code	
	12 0700 LOIZ 1700 FI 11 CHAN			and a submitted this statement for the purpose of sh	anging its	registered	
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, broad or printed name of registered event and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			ent signature required	ADDITIONS/CHANGES TO OFFICERS AND D		DIRECTORS IN 12	
TITLE	PD DELETE	13.] Change	Addition	
	FD	1.2 NAME	i		_	_	
NAME	HAUSMANN, DONALD G.		ET ADDRESS			ļ	
STREET ADDRESS	4262 NORTHLAKE BLVD	1.4 CITY-	-			\	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.1 DTLE		Γ	7 Change	☐ Addition	
TITLE .	SID —	2.2 NAME		•			
NAME	PETERS, H. DUKE					_	
STREET ADDRESS	4262 NORTHLAKE BLVD		ET ADDRESS			-	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY 3.1 TITLE			Change	☐ Addition	
TITLE	_						
NAME	DYESS, E. FLOYD	3.2 NAME					
STREET ADDRESS	2560 INISBROOK RD		ET ADDRESS				
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4. CITY			Change	Addition	
TITLE	DELETE	4.1 TITLE		ι	Change	☐ Yourou	
NAME		4. 2 NAM					
STREET ADDRESS		4.3 STRE	ETADORESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-			m1 Chaur-		
TITLE	☐ DELETE	5.1 TITLE		L] Change	☐ Addition	
NAME }		5.2 NAME				ŀ	
STREET ADDRESS			ET ADDRESS				
CITY-ST-ZIP		5.4 CITY			=1.01		
TITLE 3"	□ DELETE	6.1 TITLE	1		_] Change	☐ Addition	
NAME	an and a second	6.2 NAME					
STREET ADDRESS	See See See	6.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP		6.4 CITY					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

561-626-1460