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Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000001851 (3)
1. Corporation Name
D.B.F. NATIONAL BUSINESS REPORTING BUREAU, INC.



Principal Place of Business: 4781 N. CONGRESS AVE. SUITE 199 LANTANA FL 33462
Mailing Address: 4781 N. CONGRESS AVE. SUITE 199 LANTANA FL 33462-5841

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. SAME		26. SAME		65-0656464		04/19/1995		04/26/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BEAM, DOROTHY G
7394 MICHIGAN ISLE RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
81 Name: TIMOTHY QUINN
82 Street Address (P.O. Box Number is Not Acceptable): 2433 SOUTH RIDGE ROAD
83 DELRAY BEACH, FL. 33444
84 City: DELRAY BEACH FL 85 Zip Code: 33444

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BEAM, DOROTHY G	1.2 NAME	TIMOTHY QUINN
STREET ADDRESS	7394 MICHIGAN ISLE RD	1.3 STREET ADDRESS	2433 SOUTH RIDGE ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	VD	2.1 TITLE	VD
NAME	BEAM, ZELMA	2.2 NAME	DEBRA QUINN
STREET ADDRESS	5554 E HWY 27	2.3 STREET ADDRESS	2433 SOUTH RIDGE ROAD
CITY-ST-ZIP	IRON STATION NC 28080	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
TITLE	STD	3.1 TITLE	STD
NAME	JENNINGS, KEVIN B	3.2 NAME	KEVIN QUINN
STREET ADDRESS	5554 E HWY 27	3.3 STREET ADDRESS	2250 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	IRON STATION NC 28080	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 attachment with an address.

CR2E037 (9/96)