

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

7641

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005655 (4)

1. Corporation Name

BUSINESS REFERRAL NETWORK, INC.

96 AUG 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1937 SAND LAKE ROAD
ORLANDO FL 32809

Mailing Address

1937 SAND LAKE ROAD
ORLANDO FL 32809

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1737 W OAKRIDGE RD

26 1737 W. OAKRIDGE RD

4. FEI Number

59-3386910

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

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 PD
NAME PINO, JOSE M
STREET ADDRESS 1937 SAND LAKE ROAD
CITY-ST-ZIP ORLANDO FL 32809

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
PINO, JOSE M
1937 SAND LAKE ROAD
ORLANDO FL 32809

☒ Change ☐ Addition

TITLE VD
NAME DUNLAP, SAMUEL O
STREET ADDRESS 1737 WEST OAK RIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32809

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

PD
DUNLAP, SAMUEL O
1737 WEST OAKRIDGE ROAD
ORLANDO FL 32809

☒ Change ☐ Addition

TITLE TD
NAME BROWN, PORTER
STREET ADDRESS 4073 13TH STREET
CITY-ST-ZIP ST. CLOUD FL 34769

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

☐ Change ☐ Addition

TITLE VD
NAME MICHAEL S MORAN
STREET ADDRESS 1521 S CRYSTAL LAKE DR
CITY-ST-ZIP ORLANDO FL 32806

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

☐ Change ☐ Addition

TITLE TD
NAME ANGUS M. STEPHENS
STREET ADDRESS 151 WYMORE RD STE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SAM DUNLAP

7/22/96

Date

Daytime Phone #

407 851 3075

CR2E037 (3/96)