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Feb 05 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 # N95000005655 (4)

1. Corporation Name

BUSINESS REFERRAL NETWORK, INC.



Principal Place of Business

Mailing Address

1737 W. OAKRIDGE ROAD
ORLANDO FL 32809

1737 W. OAKRIDGE ROAD
ORLANDO FL 32809-3809

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

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report
08/30/1996

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

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

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

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME DUNLAP, SAMUEL O
2.3 STREET ADDRESS 1737 WEST OAK RIDGE ROAD
2.4 CITY-ST-ZIP ORLANDO FL 32809

TITLE VD ☒ DELETE
NAME MORAN, MICHAEL S
STREET ADDRESS 1521 S. CRYSTAL LAKE DRIVE
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE TD ☒ DELETE
NAME STEPHENS, ANGUS M
STREET ADDRESS 151 WYMORE ROAD, SUITE 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE PD ☐ Change ☒ Addition
5.2 NAME RAYENS, WILLIAM H
5.3 STREET ADDRESS 6000 S. RIO GRANDE STE 103
5.4 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TD ☐ Change ☒ Addition
6.2 NAME BOWMAN MARY B
6.3 STREET ADDRESS 7039 DELTA DRIVE STE 54
6.4 CITY-ST-ZIP ORLANDO FL 32819

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.

SIGNATURE:

[Signature] SAMUEL O DUNLAP

1/25/97

407 851 3075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017038

CR2E037 (9/96)