

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000004206 (7)
1. Corporation Name
BRAY INTERNATIONAL PROFESSIONAL SERVICES, INC.




Principal Place of Business 525 PETRONIA ST. KEY WEST FL 33040 US	Mailing Address C/O PARKS & NILES PO BOX 5905 KEY WEST FL 33045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 NILES, WILLIS & MOORE PA		01/20/1993	
22 City & State		27 PO BOX 5905		4. FEI Number	
23 Zip		28 KEY WEST FL.		65-0406546	
24 Country		29 33045		5. Certificate of Status Desired	
25		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKS & NILES, P.A. 2432 FLAGLER AVENUE KEY WEST FL 33040		81 Name NILES WILLIS & MOORE, PA	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		2432 FLAGLER AVENUE	
		83	
		84 City	
		KEY WEST	
		FL	
		85 Zip Code	
		33040	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  DATE 2/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, JOHN J	1.2 NAME	
STREET ADDRESS	525 PETRONIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, ELIZABETH J	2.2 NAME	
STREET ADDRESS	525 PETRONIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWING, MICHAEL	3.2 NAME	
STREET ADDRESS	402 APPELROUTH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHM, ROBERT P	4.2 NAME	
STREET ADDRESS	708 10TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUKILTEO WA 98275	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an appointment with an address.

SIGNATURE:  1 FEB. 1998 305-294-3309

CR2E034 (10/97)