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FILED
Jan 27, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-27-1999 90007 024 ***150.00

DOCUMENT # P93000029272

1. Corporation Name
CUSTOMER FOCUS CONSULTANTS, INC.



Principal Place of Business: 1749 NW 126TH DR. CORAL SPRINGS FL 33071
 Mailing Address: 1749 NW 126TH DR. CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1993**

4. FEI Number: **65-0412655** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
GREENE, MICHAEL E.
210 UNIVERSITY DR.
SUITE 707
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
 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 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **JANS, DONALD L**
 STREET ADDRESS: **1749 NW 126TH DR.**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

TITLE: **D** DELETE
 NAME: **JANS, MARILYN A**
 STREET ADDRESS: **1749 NW 126TH DR.**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: _____ Daytime Phone #: _____
 Signature and typed or printed name of signing officer or director

CR2E034 (11/98)