

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000030156 (2)**

1. Corporation Name

BUSINESS RESOURCE CENTERS - USA, INC.



Principal Place of Business

Mailing Address

8330 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

1810 SABEL DRIVE
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified **04/23/1993** 3a. Date of Last Report **07/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **22106 MONTÉBELLO DR**

26 **22106 MONTÉBELLO DR**

4. FEI Number **59-3192424** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

23 **BOCA RATON FL.**

28 **BOCA RATON FL.**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33433** 25 Country

29 Zip **33433** 30 Country

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

GIRNUN, ALLEN
8330 W. OAKLAND PARK BLVD.
SUNRISE FL 33351

81 Name **TESSA GIRNUN**
82 Street Address (P.O. Box Number is Not Acceptable) **22106 MONTÉBELLO DRIVE**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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

[Signature]

1/15/96

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	SVOP	<input type="checkbox"/> DELETE
NAME	GIRNUN, LARRY	
STREET ADDRESS	8330 W. OAKLAND PARK BLVD.	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	GIRNUN, ALLEN J	
STREET ADDRESS	8330 W. OAKLAND PARK BLVD.	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIRNUN LARRY	
1.3 STREET ADDRESS	22106 MONTÉBELLO DR	
1.4 CITY - ST - ZIP	BOCA RATON FL 33433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	P.T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TESSA GIRNUN	
3.3 STREET ADDRESS	22106 MONTÉBELLO DR	
3.4 CITY - ST - ZIP	BOCA RATON FL 33433	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

DATE

Daytime Phone #

CR2E034 (12/95)