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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042731 (8)

BUSINESS PROCESS RE-ENGINEERING, INC.

Principal Place of Business

Mailing Address

FILED Mar 14 1997 8:00am Secretary of State



BOCA RATON FL 33486			BOCA RATON FL 33486-4476						
						3. Date Incorporated or Qualified 06/11/1993	3a. Date of 04/15/1		port
<u> </u>	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number			olied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			65-0418259 Not Applicable			
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	}—₁ ´	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country		Zip Country			Trust Fund Contribution Added to Fees			
24	25	29	30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		of Current Registered Age				10. Name and Address of New Reg			
2 EA Sun	GORY, PETER AST CAMINO REAL TE 111C CA RATON FL 33432			81 82 83	Name Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
ВОС	A NATOR IL SOSSE			84	City		FL 85	Zip C	lode
11. Pursuant office or reagent. I a	registered agent, or both, in im familiar with, and accept	i the State of Florida. Such c the obligations of, Section	change was author 607.0505, Florida	ie above rized by Statutes	named co the corpor	rporation submits this statement for the p ation's board of directors. I horeby accep	urpose of chan	lging its ent as r	registered egistered
SIGNATURE •	Striature, typed or printed nanc of o	ed steed agent and tale if applicable	(NOTE Hege	stareo Aga	nt signature rec	juired where reinstating)	DATE	9Z	
12.	OFFI	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D I AND INTO	L.		1.1 TITLE			[_] C	hange	L Addition
NAME	ROHLAND, JAMES 1450 SW 3RD STREE	+		1.2 NAME					
STREET ADDRESS	BOCA RATON FL 334			1.3 \$TREET					
CITY+ST-ZIP TITLE	DOUM MATURITE 354			<u>1.4 GHY+S</u> 2.1 HILE	: · ZIP			hange	Addition
NAME		_		2 2 NAME	}				
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY - S					
TITLE			DITETE 3	3.1 T()LE				hange	Addition
NAME	1:		3	3.2 NAME	İ				ļ
STREET ADDRESS			3	3.3 STREET	ADURESS				İ
CITY+ST-ZIP				3 4. CITY - S	I - 7/P				
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NAME				1. 2 NAME	ļ				
STREET ADDRESS				1.3 STREET					
CITY-ST-ZIP				1.4 C(1Y-S)	1 - ZIP		——————————————————————————————————————		
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NAME	1			5.2 NAME	ADEDECS				
STREET ADDRESS				5 3 STREET	1				
CITY-ST-ZIP TITLE				4 CHY-S	I-ZIP		<u> </u>	hange	Addition
		L.					ال ال	панув	T Vanition
NAME				S 2 NAMÉ	A DODL DC				
STREET ADDRESS				S.3 STREET	ì				ļ
CITY-ST-ZIP				4 CITY - S	I-ZIP				

14. I do hereby certify that the information supplied with this filling 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.