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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 21 1997 8:00am

Secretary of State

DOCUMENT # P93000043902 (4)
PERSONA BUSINESS DEVELOPMENT COLINCIA, INC.

Principal Place of Business Mailing Address 1130 TEN ROD RD. N. KINGSTOWN RI 02852 N. KINGSTOWN RI 02852-416									
						3. Date incorporated or Qualified 06/21/1993		te of Last R 6/1996	eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			05-0472478			ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	le .	City & State			·····	6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
23		28			Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip	Cou	untry		8. This corporation has liability for	ntangible		
24	25	29	30			Florida Statutes] Yes [] No	
	9. Name and Address of Currer	I Registered Agent				10. Name and Address of New Re	gistered A	lgent .	
	GREN, LORI			81	Name				
	Dorno & Zedar, P.A. 5 Glades Rd., Suite 342W		82 Street Addi			dress (P.O. Box Number is Not Acceptab	ile)		***************************************
	CA RATON FL 33431			83					
500	A ARION I'E 00401								
				84	City		FL	85 Zip (Code
office or a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize lorida Sta	ed by tules	the corpora s.	rporation submits this statement for the patients of directors. I hereby acception's board of directors. I hereby acceptions	ot the appo	changing it oinIment as	s registered registered
12.	Signature, typed or printed fearin of registered age OFFICERS AN		TE: Registore	d Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEDS AND	DIRECTOR	2C (N) 12
TITLE	D	DELETE	1.1 TITUE			ADDITIONS/CHANGES TO OFFIC	CHO AND	Change	Addition
NAME	DVORAK, RICHARD	1.3		1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	1130 TEN ROD RD.								
CITY-ST-ZIP	N. KINGSTOWN RI 02852			ITY-S	T-ZIP				
TITLE	D	EABER, PHILIP		ITLE				Change	Addilion
NAME				IAME					
STREET ADDRESS	1130 TEN ROD RD.		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	N. KINGSTOWN RI 02852				61-2IP				
TITLE	D PEARSON, BRIAN	DELETE	3.11					☐ Change	Addition
NAME	1130 TEN ROD RD.		3.2 N		ADODCOC				
STREET ADDRESS	NORTH KINGSTOWN RI				ADDRESS				
CITY-ST-ZIP TITLE	DELETE		3.4. U 4.1 T		ST-ZIP			Change	Addition
NAME		_		MAME	į				
STREET ADDRESS			•		ADDRESS				
CITY-ST-ZiP				ITY-S	Į.				
TITLE		DELETE					· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP				_
TITLE		☐ DELETE	6.1 T					☐ Change	noitibte
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
CITY_CT_7ID	į.		3.1.3	D VII	ו מוכד				

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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an arrangement with address.