

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000083801 (9)

1. Corporation Name

S & B CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3761 N.E. 12TH TERRACE
POMPANO BEACH FL 33064

3761 N.E. 12TH TERRACE
POMPANO BEACH FL 33064



2. Principal Place of Business

2a. Mailing Address

21 1533 SW 1 Way

26 1533 SW 1 Way

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Ste 20

27 Ste 20

City & State

City & State

23 Deerfield Bch FL

28 Deerfield Bch, FL

Zip

Zip

24 33441

Country

Country

25 USA

29 33441 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLICA, KIM T
515 NW 36 AVE
DEERFIELD BCH FL 33442

81 Name Colleen McMurray

82 Street Address (P.O. Box Number is Not Acceptable)

1533 SW 1 Way Ste 20

Suite 20

City Deerfield Bch

FL

85 Zip Code 33441

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

Colleen McMurray

Colleen McMurray, Pres.

6/7/96

Signature typed or printed name of registered agent and, if applicable, officer or director

Signature typed or printed name of registered agent and, if applicable, officer or director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCMURRAY, COLLEEN
STREET ADDRESS 3761 NE 12TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD ☐ DELETE

NAME MCMURRAY, MELANIE
STREET ADDRESS 5200 NW 26TH AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE SD ☐ DELETE

NAME MCMURRAY, CHRISTOPHER
STREET ADDRESS 1939 THATCH PALM DR.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME MCMURRAY, WILLIAM
STREET ADDRESS 604 NW 47TH ST.
CITY-ST-ZIP POMPANO BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Colleen McMurray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen McMurray, President

6/7/96

(954) 574-9487

Date

Telephone Number

CR2E034 (3/96)