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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000036924 (6)

## FILED Jan 27 1997 8:00am Secretary of State

| BRUST CONSULTING, INC.  Principal Place of Business Mailing Address  2328 SARAGOSSA AVE 2328 SARAGOSSA AVE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-2617  |   |  |   |  |   |                                   |
|--|---|--|---|--|---|-----------------------------------|
|  |   |  |   | 3. Date Incorporated or Qualified 05/10/1994   | 3a. Date of Las                           | •                                 |
| 2. Principal F   | face of Business  | 2a. Mailing Address  |   | 4. FEI Number  | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Applied For                       |
| 21   |   | 26   |   | 59-3242197   |   | Not Applicable                    |
| Suite, Apt   | #, etc.   | Suite, Apt. #, etc.  |   | 5- Certificate of Status Desired   |   | 5 Additional<br>Required          |
| City & Stat  | e   | City & State   |   | Election Campaign Financing     Trust Fund Contribution  |   | 00 May Be<br>ed to Fees           |
| Z(p)   | Country   | <b>28</b>  | Country   | 8. This corporation has liability fo   | r intangible tax unde                     |                                   |
| 24   | 25  | 29   | [30]  | 1  | ∐ Yes ∐ No                                |                                   |
|  | 9. Name and Address of Curre  | eni Hegistered Agent   | 81 Name   | 10. Name and Address of New R  | registered Agent                          |                                   |
|  | RUST, STEVEN E ESQ.   | ж р.   |   |  |   |                                   |
|  | NUMER, BRADFORD & WALTER<br>N. LAURA STREET, SUITE 220  |  | 82 Street   | Address (P.O. Box Number is Not Accepte  | able)                                     |                                   |
|  | CKSONVILLE FL 32202   | UU .   | 83  |  |   |                                   |
| U/A  | CROOMFILLE FL 32202   |  |   |  |   |                                   |
|  |   |  | 84 City   |  | FL 85 Z                                   | ip Code                           |
|  | to the provisions of Sections 607.08<br>registered agant, or both, in the Sta<br>an temper sets, and accept the Di  | 502 and 607.1508, Florida Si<br>te of Florida, Such change w<br>gations of Section 607 9508  | tatutes, the above-named<br>vas authorized by the cor-<br>5. Fiorida Statutes.  | corporation submits this statement for the poration's board of directors. I hereby according to the corporation of the corporat | purpose of changin<br>ept the appointment | g its registered<br>as registered |
| SIGNATURE  | Separate (p a) protein to the of regulation of OFFICERS A   | agest and stille if applicable   | (NOTE Hogistered Agent signaturi<br>13.   |  | DATE<br>ICERS AND DIRECT                  | ORS IN 12                         |
| SIGNATURE  | Signar as (y - 3) - prode the residence of the bases A  OFFICERS A  BRUST, BERNARD  | agest and title if applicable  | (NOTE Flugistered Agent signaturi   | e required when reinstating)   | DATE                                      | ORS IN 12                         |
| SIGNATURE  12. THE   | OF ICERS A  BRUST, BERNARD  2328 SARAGOSSA AVE  | agest and stille if applicable   | (NCTE Figgistered Agent signaturi<br>13.<br>1.1 TITLE   | e required when reinstating)   | DATE<br>ICERS AND DIRECT                  | ORS IN 12                         |
| SIGNATURE  12. THEE NAME STREET ADDRESS CHY-SI-7P  | Signar as (y - 3) - prode the residence of the bases A  OFFICERS A  BRUST, BERNARD  | Agentarin alle il apple able  ND DIRECTORS  DELETE   | (NOTE Hogistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY: ST-ZIP   | e required when reinstating)   | DATE ICERS AND DIRECT                     | ORS IN 12<br>ge Addition          |
| SIGNATURE  12. THEE  NAVE  STREET ADDRESS  CHY-SI-7P  THEE   | OFFICERS A  OFFICERS A  D  BRUST, BERNARD  2328 SARAGOSSA AVE  JACKSONVILLE FL 32217  D   | agest and stille if applicable   | (NOTE Registered Agent spirature  13.  1.1 TiTLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  | e required when reinstating)   | DATE<br>ICERS AND DIRECT                  | ORS IN 12<br>ge Addition          |
| SIGNATURE  12. TIME  NAVE  STREET ADDRESS  GITY-ST-7IP  TIME  NAME   | OFFICERS A  D BRUST, BERNARD 2328 SARAGOSSA AVE JACKSONVILLE FL 32217 D BRUST, STEVEN E   | DODE SALE SALE OF APPLICATE SERVICE OF THE PROPERTY OF THE PRO | (NOTE Flogislated Agent sprature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   | e required when reinstating)   | DATE ICERS AND DIRECT                     | ORS IN 12<br>ge Addition          |
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| SIGNATURE  12. THE  MAVE  STREET ADDRESS  CHY-SI-7P  THE  NAME  STREET ADDRESS  CHY-SI-7P  THE   | D BRUST, BERNARD 2328 SARAGOSSA AVE JACKSONVILLE FL 32217 D BRUST, STEVEN E 50 N. LAURA STREET, SUI JACKSONVILLE FL 32202 D   | DODE SALE SALE OF APPLICATE SERVICE OF THE PROPERTY OF THE PRO | (NOTE Hogistered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  | e required when reinstating)   | DATE ICERS AND DIRECT                     | ORS IN 12 ge                      |
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4. I do 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.

**SIGNATURE** 

HUMAN B

BERNAD BRUS

1/9/97

904 448 8578

none P