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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 18, 1996 08:00 AM
Secretary of State

DOCUMENT # P94000055497 (9)

1. Corporation Name
SB & J CONSULTING CORP.

Principal Place of Business	Mailing Address
85 FESSENDEN ST NEWTONVILLE MA 02160 US	85 FESSENDEN ST NEWTONVILLE MA 02160 US

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 04-3240028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEFALCO, DOMENICA
12826 HUNTLEY MANOR DR.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: STEPHEN R. BRACCIALE
82 Street Address (P.O. Box Number is Not Acceptable): 16607 VILLALENDA DE AVILA
83
84 City: TAMPA FL 85 Zip Code: 33613

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: Stephen R. Bracciale STEPHEN R. BRACCIALE DATE: 4/1/96
Signature of New Registered Agent — Name of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACCIALE, STEPHEN 1318 BRANDYWINE RD. LIBERTYVILLE IL 60048 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR-SECRETARY ☒ Change ☐ Addition BRACCIALE, STEPHEN R. 16607 VILLALENDA DE AVILA TAMPA, FL. 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACCIALE, VITO 85 FESSENDEN ST. NEWTONVILLE MA 02160 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001898814 -07/19/96--01005--032 ***225.00

CR2E034 (12/95)

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)(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: Vito G. Bracciale 6/8/96 (617) 965-4115 7/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

VITO BRACCIALE