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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011617

BUSINESS DEVELOPMENT INSTITUTE, INC.

•		
Principal Place	ce of Business	
P.O. BOX 3524		
SARASOTA FL	. 34242	

Mailing Address P.O. BOX 35246 SARASOTA FL 34242

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90066 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

,				3. Date Incorporated or Qualifed		
				02/10/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			65-0558159	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		ountry	<del></del>	This corporation owes the current year Interpretation Personal Property Tax.	angible □Yes □No	
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent	
HESTER, GORDON 3233 N SECLUSION DR		81	Name			
		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34239		83			*****	
		84	City	FL	85 Zip Code	
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, hyped or printed ramen of registered agone and still in applications (NOTE Registered Agone inspirator required when reinstalling)   DAIL	office or n agent. I a	egistered agent, or both, in the State of Florida. Such change was n familiar with, and accept the obligations of, Section 607.0505, Fl	authonzed by the corpora orida Statutes.	tion's board of directors. Thereby accept the appointment as re	sgistered
TITLE   DELETE   DELE	SIGNATURE	, including the state of the st	E: Penistered Agent signature requi	red when reinstation) DATE	
TITLE PS				**	ORS IN 12
HESTER, GORDON D STREET ADDRESS STRE	TITLE		1.1 TITLE	Change	☐ Addition
STREET ADDRESS STREET	NAME	• •	1.2 NAME		
SARASOTA FL 34239	STREET ADDRESS		1.3 STREET ADDRESS		
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23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE		2.1 TITLE	☐ Change	☐ Addition
CITY_ST_ZIP	NAME		22 NAME		
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34. CITY-ST-ZIP   34. CITY-ST-ZIP     Change   Addition   Additi	NAME		3.2 NAME		
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	CITY-ST-ZİP	·	3.4. CITY-ST-ZIP		
### ### ##############################	TITLE '	□ DELETE	4.1 TITLE	☐ Change	Addition
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STREET ADDRESS	NAME .		5.2 NAME		
OFFICE OF	STREET ADDRESS		5.3 STREET ADDRESS		
NAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY, ST. 7/P	CITY-ST-ZÎP				
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SIRELI AUDRESS	NAME		6.2 NAME		
6.4 CITY-ST-ZIP	STREET ADDRESS		6.3 STREET ADDRESS		
At A barehy codify that the information synolled with this filing does not qualify for the exemption stated in Section 119 07(3W). Florida Statutes, I further certify that the information	CITY-ST-ZIP				

I nereby certify that the information supplied with his hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report or supplied ental 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 furtise 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, an our attachment with an address, with all other like empowered.

SIGNATURE: