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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038400 (4)

B.R.F. BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 7339 EAST COLONIAL DRIVE 7339 EAST COLONIAL DRIVE ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE ORLANDO FL 32807 Date Incorporated or Qualified 05/15/1995 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-3321125 Not Applicable Suite, Apt #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zio 8. This corporation owes or has paid the current year intangible 24 □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWNING, ROBERT F 7339 EAST COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) UNIT 7 83 ORLANDO FL 32807 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05-02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and agent the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BROWNING, ROBERT F NAME 1.2 NAME 7339 EAST COLONIAL DRIVE, U-7 STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32807 CITY-ST-7IP 1.4 City-St-ZiP DELFTE THILE 21 TITLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change □ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

14. Thereby 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 as 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 frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or on an affective or the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 are affected.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: TORON SULLIN

STREET ADDRESS

CITY-ST-ZIP

1-14-98

417- 380-8900

FILED

Feb 11 1998 8:00am

Secretary of State