SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045327

BRS CONSULTING SERVICES, INC.

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90011 029 ***550.00



5101 PINE ISL BOKEELIA FL US			3548 TANGERINE DRIVE ST. JAMES CITY FL 33956 US			DO NOT WRITE IN THIS SE	PACE			
		The state of the s	- Yangine			3. Date Incorporated or Qualified 06/06/1995	-	•	-	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	\top	Applied Fo	or .	
21	26					65-0591101	101 Not App		able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State)	City & State			•	6. Election Campaign Financing		May Be	,	
23		28	,			Trust Fund Contribution	Adde	to Fees		
Zip	Country 25 U.S.	Zip Count 30				8. This corporation owes the current year Intangible Personal Property. Yes No				
	9. Name and Address of Current	11	11	T		10. Name and Address of New Registered Ag	ent			
	A tracking the second			81	Name					
HAESEMEYER, ELIZABETH A 3548 TANGERINE DR				82 Street		Address (P.O. Box Number is Not Acceptable)				
ST. JAMES CITY FL 33956			:	83		AL STATE AND ADDRESS OF THE PARTY OF THE PAR				
				84	City		85 Zip	Code	-	
					•	FL				
l office or i	to the provisions of sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change was	authorized	d by	the corporati	oration submits this statement for the purpose of changion's board of directors. I hereby accept the appointment	ging its nent as	registered registered		
*	ini latinal will, and doopt all obligati				تحریحت.	The second secon			ł	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (N	IOTE: Registe	red Ag	jent signature req	juired when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN	GR2E034 (5/99)	
TITLE	D	DELETE	1.1 TIT	TLE			Change	- 🗌 Ad	dition U	
NAME	HAESEMEYER, ELIZABETH A		1.2 NA	ME					\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
STREET ADDRESS	ACTA TANACCINE DD				ADDRESS				lй	
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CTDEET ADDRESS	HAZEN, RADFORD		2.2 NA	AME	ADDRESS		Change	. ∟ Ad		
STREET ADDRESS	3548 TANGERINE DRIVE		2.2 NA 2.3 STI	AME REET	ADDRESS		Change	i ∐ Adi		
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14. I hereby certify that the information supplied with this filling 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 a address.