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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063761 (7)

1. Corporation Name
BUSINESS PROCESS REENGINEERING CONSULTING, INC.



Principal Place of Business

3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

Mailing Address

3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

21 440 GULFVIEW BLVD

Suite, Apt. #, etc.

22 # 805

City & State

23 CLEARWATER, FL

Zip

24 34630

Country

2a. Mailing Address

26 440 GULFVIEW BLVD

Suite, Apt. #, etc.

27 # 805

City & State

28 CLEARWATER, FL

Zip

29 34630

Country

30

4. FEI Number

APPLIED FOR 65-0656486

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

JAENSCH, PETER J
3400 S. TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature: Type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D, P ☐ DELETE
NAME ZIELINSKI, DETLEF
STREET ADDRESS 440 GULFVIEW BLVD., #805
CITY-ST-ZIP CLEARWATER FL 34630

TITLE D, VP ☐ DELETE
NAME SCHMID, HARALD
STREET ADDRESS 3400 S. TAMiami TRAIL, SUITE 303
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:

Detlef R. Zielinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 25, 1997

Date

813-461-1278

Daytime Phone #

CR2E034 (9/96)