


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90155 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000063761					
1. Corporation Name BUSINESS PROCESS REENGINEERING CONSULTING, INC.					
Principal Place of Business 440 GULFVIEW BLVD. #805 CLEARWATER FL 33767 US			Mailing Address 440 GULFVIEW BLVD. #805 CLEARWATER FL 33767 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/17/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0656486	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JAENSCH, PETER J 3400 S. TAMiami TRAIL, SUITE 303 SARASOTA FL 34239			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/99 727-443-0792
Date Daytime Phone #

CR2E034 (11/98)