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.

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Principal Place of I	Business	Mailing Address				7	1 (83((83) (18 1919) 911	// 66 /// 68/		31(25 11)11 122	
440 GULFVIEW BLVD.		440 GULFVIEW BLVD.					•				
#805 .		#805									
1 *		CLEARWATER FL 33767	33767				DO N	OT WRIT	E IN THIS	SPACE	
US 		US					te Incorporated or 0 /17/1995	Qualifed			
2. Principal Place	of Business	2a. Mailing Address					Number				Applied For
21		26				65	-0656486			!	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			F Co.	rtifcate of Status De	cirod		\$8.75	Additional	
22		27			3. 06	Tuicate of Status De			Fee I	Required	
City & State		City & State			6. Ele	ction Campaign Fir	ancing		\$5.0	0 Мау Ве	
23		28				Tru	st Fund Contribution	n		Adde	d to Fees
Zip	Country	Zip	Count	try_		8Thi	s corporation owes	the curre	nt year int	angible 🛶	
24	25	29	30			Per	rsonal Property Tax	<u> </u>		Yes	Mo
9.	. Name and Address of Current F	legistered Agent				10. Na	me and Address o	f New R	egistered	Agent	
			8	81	Name						
	H, PETER J			82	Street Addr	rocs /P O	Box Number is Not	Accepta	ble)		
l	TAMIAMI TRAIL, SUITE 303],	"	Subat Addit	633 (1	DOX (1011100) TO 110.	71000P	,		
SARASO)TA FL 34239		1	83							
\			.	_						Jan 1 7:	- 0-4-
				84	City				FL	85 Zij	o Code
14 Pursuant to the	ne provisions of Sections 607.0502 a	and 607.1508. Florida Statu	es, the abo	L ove-i	named corp	oration sul	bmits this statemen	t for the	numose of	changing i	ts registered
I II. I disuant to the	tered agent or both in the State of	Florida, Such change was a	luthorized b	bv tn	a comoratio	on's board	of dispetors I bosel	NU GOODE	t the appoi	ntment as	registered
office or regist	tered agent, or boar, in the other or				ie corporatio		or unectors. There	Ју ассер	FF		
office or regist agent. I am fai	amiliar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statut	es.	ie corporatio		of directors. Therefore	by accep			
agent. I am fai SIGNATURE	imiliar with, and accept the obligation	ns of, Section 607.0505, Fig	nda Statut	es.					DATE		
agent, I am fai SIGNATURE Signa	amiliar with, and accept the obligation ature, typed or printed name of registered agent ar	ns of, Section 607.0505, Fig.	: Registered A	es.	signature required	d when reinsta	iting)	· 	DATE		
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14. I 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 officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE: