

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED
Apr 14 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P95000072595 (8)

1. Corporation Name
THE BUSINESS DOCTOR CONSULTING COMPANY

Principal Place of Business
18846 SE OLD TRAIL DR. W.
JUPITER FL 33478-1818

Mailing Address
18846 SE OLD TRAIL DR. W.
JUPITER FL 33478-1818



| | | | | | |
|--------------------------------|--------------------|---------------------|--------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/18/1995 | 3a. Date of Last Report 04/22/1996 |
| 21 | Suite, Apt #, etc. | 26 | Suite, Apt #, etc. | 4. FEI Number 65-0607063 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
KAUFFMAN, RONALD S
18846 SE OLD TRAIL DR. W.
JUPITER FL 33478-1818

10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PTSD <input type="checkbox"/> DELETE | 1.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUFFMAN, RONALD S. | 1.2 | |
| STREET ADDRESS | 18846 SE OLD TRAIL DRIVE WEST | 1.3 | |
| CITY - ST - ZIP | JUPITER FL | 1.4 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 | |
| STREET ADDRESS | | 2.3 | |
| CITY - ST - ZIP | | 2.4 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 | |
| STREET ADDRESS | | 3.3 | |
| CITY - ST - ZIP | | 3.4 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 | |
| STREET ADDRESS | | 4.3 | |
| CITY - ST - ZIP | | 4.4 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 | |
| STREET ADDRESS | | 5.3 | |
| CITY - ST - ZIP | | 5.4 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 | |
| STREET ADDRESS | | 6.3 | |
| CITY - ST - ZIP | | 6.4 | |

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: *Ronald S. Kauffman* 4-8-97 561-745-8838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)