FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

P95000089517 (3) DOCUMENT #

RAIN & BREHM CONSULTING GROUP, INC.

Principal Place of Business



· · · · · · · · · · · · · · · · · · ·	0 0. 20011000	Maining Address			
1255-B \$ FLORIDA AVE ROCKLEDGE FL 32965		1255-B S FLORIDA AVE ROCKLEDGE FL 32955			
				3. Date Incorporated or Qualified 11/20/1995	Ba. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Florida Ave South	26 same		59-3346332	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22 Svite B City & State		27 S4Me City & State		Fee Required	
23 Rock(ledge FL	28 FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <i>32</i> 95		71p 29 54me	Country 30 Same	8. This corporation has liability for intal Florida Statutes Yes [7]	ngible tax under s 199.032,
	Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regi	
1031 V SUITE WINTE	R PARK FL 32789		82 Street Ad 1031 83 Suite	herford William P. Herford William P. Heress (P.O. Box Number is Not Acceptable) W. Movse Blud. A366 Ker Park	FL 85 Zip Code 32790 - 2366
familiar wit	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floristh, and accept the obligations of, Section 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	ion 607.0505, Florida Statutes	es, the above-named corp red by the corporation's bo s. CAUSA DTE Projectered Agent signature requ	poration submits this statement for the purpos pard of directors. I hereby accept the appoint	e of changing its registered office ment as registered agent. I am
12.	OFFICERS AND	····	13.		DATE
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME	RAIN, JEFFREY \$ PH.D	—	1.2 NAME		Change Addition
STREET ADDRESS	1255-B S FLORIDA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955				
TITLE	D	☐ DELFTE	1.4 CITY-ST-ZIP 2 1 TITLE		
NAME	BREHM, CATHERINE E	Д	2.2 NAME		Change Addition
STREET ADDRESS	4485 SHERWOOD DR				
CITY-ST-ZIP	TITUSVILLE FL 32796		2 3 STRELT ADDRESS		
TITLE		DELETE	2.4 C/TY - ST - Z/P 3. 1 TITLE		
NAME			3.1 THE		Change Addition
STREET ADDRESS					
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		DELETE	3.4 CITY-S1-7IP		
NAME		_ occur	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP		
NAME		☐ nere ie	5. 1 TITLE		Change Addition
STREET ADDRESS			5 2 NAME		ļ
ſ			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		FINITE	5.4 CrTY - ST - ZrP		
ł		DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and the state of t		6.4 CITY-ST-ZIP		
certify that	, certify that the information supplied withe information indicated on this annual	ith this filing is voluntarily furni	shed and does not qualify	for the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further

oath; that I am an officer or director of this a most report or supplemental armost report is true and accurate and that my signature shall have the same legal offect as if made under appears in Block 12 or Block 13 if the legal, or on an attachment with an address. THE AND THE OF PHINTED NAME OF STORING OFFICER OR DIRECTOR SILVER 5-9-96