

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

FILED  
May 09 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 # P96000005726  
1. Corporation Name  
WALL ST BUSINESS + FINANCIAL  
CONSULTANTS, INC

Principal Place of Business Mailing Address - SAME  
3550 GALT OCEAN DR  
STE # 1403  
FT. LAUD, FL 33308

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

|                                                                             |  |                                                        |                 |
|-----------------------------------------------------------------------------|--|--------------------------------------------------------|-----------------|
| 9. Name and Address of Current Registered Agent                             |  | 10. Name and Address of New Registered Agent           |                 |
| ROBERT S. GOLDNER<br>3550 GALT OCEAN DR<br>STE # 1403<br>FT. LAUD, FL 33308 |  | 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 607.1503, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Robert S. Goldner DATE: 4/28/97  
(NOTE: Registered Agent signature required when reinstating)

|                            |                                 |                                                       |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 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 its 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, as an attachment with my address.

SIGNATURE: Robert S. Goldner DATE: 4/28/97 (954) 746-0446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR