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Mar 20 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 # P96000085479 (9)

1. Corporation Name

SOUTH FLORIDA BUSINESS CONSULTANTS INC.



Principal Place of Business

P.O. BOX 5385
MIAMI LAKES FL 33014

Mailing Address

P.O. BOX 5385
MIAMI LAKES FL 33014-1385

3. Date Incorporated or Qualified

10/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Same, Apt. #, etc.

26 Same, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

HOMSEY, PAMELA A
15529 MIAMI LAKEWAY N.
SUITE 207
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature of the person making the change (if not the corporation, applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

D
HOMSEY, PAMELA A
15529 MIAMI LAKEWAY N., SUITE 207
MIAMI LAKES FL 33014

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 declared 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 on Back 12 or Back 13, if changed, or on an attachment with an address.

SIGNATURE:

Pamela A. Homsey

3/12/97 305-931-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

0119923

CR2E034 (9/96)