

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095207 (2)

1. Corporation Name

BEST OF BRITISH CONSULTANTS, INC.

Principal Place of Business

127 NW 13TH ST #12  
BOCA RATON FL 33432

Mailing Address

127 NW 13TH ST #12  
BOCA RATON FL 33432-1633



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1996		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite 12, 127 NW 13TH ST		27 Suite 12, 127 NW 13TH ST		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 BOCA RATON FL		28 BOCA RATON FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33433		25 FL U.S.A.		29 33433		30 U.S.A.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

GILBERT, COLIN  
127 NW 13TH ST #12  
BOCA RATON FL 33432

81 Name LISAMARIA GILBERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
SUITE 12, 127 NW 13TH STREET  
83 BOCA  
84 City BOCA RATON FL 85 Zip Code 33433

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

LISAMARIA GILBERT

4/6/97

Signature of principal and name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, COLIN			1.2 NAME			
STREET ADDRESS	127 NW 13TH ST #12			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, LISA			2.2 NAME			
STREET ADDRESS	127 NW 13TH ST #12			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			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 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:

LISAMARIA GILBERT

4/6/97

561-394-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

031 188

CR2E034 (9/96)