

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA7000054062**
1. Corporation Name **BUSINESS DEVELOPMENT CONSULTANTS, INC.**

Principal Place of Business Mailing Address

**6003 NW 23rd Way
Boca Raton, FL 33496**

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6003 NW 23rd Way	26	6003 NW 23rd Way	JUNE 18, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		05-0771391	
City & State		City & State		Applied For	
23 BOCA RATON, FL		28 BOCA RATON, FL		<input type="checkbox"/> Not Applicable	
24	Zip 33496	29	Zip 33496	5. Certificate of Status Desired	
25	Country USA	30	Country USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
FLORIDA - LAW DOCK, INC. 222 LAKEVIEW AVE. FOURTH FLOOR WEST PALM BEACH, FL 33401				Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT + Treasurer	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL L. NICHOLSON	12 NAME	
STREET ADDRESS	6003 NW 23rd Way	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	14 CITY-ST-ZIP	
TITLE	Vice Pres + Sec.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOB R. NICHOLSON	22 NAME	
STREET ADDRESS	6003 NW 23rd Way	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE:

MOB R. NICHOLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Soc.

4/16/98

561-368-5400

CR2E034 (10/97)