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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700060762 (6)

BURNETT HUMAN SYSTEMS CONSULTING, INC.

Principal Place of Business Mailing Address 1300 SOUTHWEST 82ND TERRACE 1300 SOUTHWEST B2ND TERRACE SUITE 335 DO NOT WRITE IN THIS SPACE PLANTATION FL 33324 PLANTATION FL 33324 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0767669 21 26 Not Applicable Suite, Apt. #, etc. Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Dr. Christopher Burnett Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 1300 SW 82 Terrace Ste. 83 84 City
Plantation
Plantation Zip Code 33324 11. Pursuant to the provisions of actions 607,0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agont. Jobh, in the State of Florida Sych change was particized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar wit Burnette Agent signature required when reinsteting) J. Chr. H. Copher March 15, 1998 Signature, lyped ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 11 TITLE BURNETT, CHRISTOPHER F NAME 1.2 NAME CR2E034 1300 SW 82ND TERRACE, STE 335 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Change Addition 3.1 TITLE

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 chapter for on an attachment with an address.

6.2 NAME

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34 CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY - ST - ZIP

CITY-ST-ZIP

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Change

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FILED

Apr 02 1998 8:00am

Secretary of State