FILED

Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90026 044 ***158.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078206

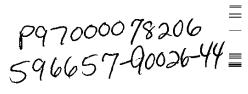
BUSINESS DEVELOPMENT SPECIALISTS, INC.

7400 BAYMEAD SUITE 200 JACKSONVILLE		7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256			3. Date Incorporated or Qualified			
					09/08/1997			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For	
21		26		59-3472275				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	sired \$8.75 Additional Fee Required			
City & State		City & State	⊢ •		6. Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		
Zip	Country 25	Zip	Countr 30	У	This corporation owes the current year Intangible Personal Property.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81 Name				
	KER, JAMES V		82	Stro	ddress (P.O. Box Number is Not Acceptable)			
	Ponte vedra park dr.		02 300		set Abdress (F.O. Box Number is Not Acceptable)			
PON	TE VEDRA BEACH FL 32082		8:	3				
			84	City	F	85 Zip	Code	
11. Pursuant	to the provisions of sections 607 OFF	12 and 607 1508 Florida Statute	se the above			hanging 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, typed or printed name of registered age	ent and title if applicable (No	OTF: Registered	Agent sign	nature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE			Change		
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			5.2 NAME					
STREET ADDRESS			5.3 STREE		SS]		}	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				}	
STREET ADDRESS			6.3 STREE	T ADDRES	ss			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	1			

SIGNATURE:

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 on an attachment with an address.





BUSINESS DEVELOPMENT SPECIALISTS, INC.

Smart Growth For Business

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam,

Enclosed are our completed 1999 Profit Corporation Annual Report and our check for \$158.75 (\$150.00 annual filing fee plus \$8.75 for the Certificate of Status). Also enclosed are copies of our articles of merger and associated documentation to verify that our company's status and physical location have changed since last year's filing.

Our purpose in enclosing the additional documentation is to validate our claim that we did not receive the first notice. The first notice, which we were informed was mailed in January, apparently went to our previous address and was not forwarded.

We hereby request a waiver of the late filing penalty based on the fact that we did not receive the first notice. Thank you for your consideration.

Sincerely,

CB Motsett, PMC

Principal

Encl.

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7400 BAYMEADOWS WAY • SUITE 200 • JACKSONVILLE • FLORIDA 32256
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