


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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000082924 (6) 1. Corporation Name B.M.A. CONSULTING SERVICES, INC.		

Principal Place of Business 600 SE 56TH AVENUE OCALA FL 34471	Mailing Address 600 SE 56TH AVENUE OCALA FL 34471
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/24/1997		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PEARCE, LEWIS R 2255 N COURTENAY PARKWAY MERRITT ISLAND FL 32953				10. Name and Address of New Registered Agent 81 Name W. James Gooding III 82 Street Address (P.O. Box Number is Not Acceptable) 7 East Silver Springs Blvd., Suite 500 83 84 City Ocala, FL 85 Zip Code 34470			
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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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *W. James Gooding III* DATE 4/22/98
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	D, P, I, S	Change	Addition	
NAME	GIBBONS, APRIL C		1.2 NAME	GIBBONS, APRIL C			
STREET ADDRESS	600 SE 56TH AVENUE		1.3 STREET ADDRESS	600 SE 56th AVENUE			
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP	OCALA, FL 34471			
TITLE		DELETE	2.1 TITLE		Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 on an attachment with an address.

SIGNATURE *April C. Gibbons* April C. Gibbons 4-23-98

CR2E034 (10/97)