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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000094750**1. Corporation Name

U.S. BUSINESS RESOURCES & CONSULTANTS, INC.

| FILED |
|----------------------------------|
| Mar 17, 1999 8:00 am |
| Secretary of State |
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|-----------------|---|---|--------------|-------------------|--|---------------------|---------------------|
| Principal Place | e of Business | Mailing Address | | | | | |
| 1768 LEN DRIVI | | 1768 LEN DRIVE NORTH PALM BEACH FL 334 | 408.2824 | | | | |
| NORTH PALM E | BEACH FL 33408-2824 | NUHTH PALM BEACH PL 334 | 400-2024 | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 11/05/1997 | | |
| 2 Principal Pt | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| | ace of Basilieso | 26 | | | 65-0793208 | J | Not Applicable |
| Suite, Apt. | #. etc | Suite Apt #, etc | | | | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee F | Required |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | 0 Мау Ве |
| 23 | | 28 | | | Trust Fund Contribution | Added | d to Fees |
| Zıp | Country | Zip | Country | , | This corporation owes the current year | intangible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Curre | nt Registered Agent | | , | 10. Name and Address of New Registere | d Agent | |
| | | | 81 | Name | | | |
| JELIC, DIANA | | | 82 | Street Ad | Idress (P.O. Box Number is Not Acceptable) | | |
| | LEN DRIVE | | | | | | |
| NOR | TH PALM BEACH FL 33408 | | 83 | | | | |
| | | | 84 | City | | . 85 Zip | p Code |
| | | | | ′ | F | L | |
| office or ri | to the provisions of Sections bur,ub egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was autl | norized by | the corpora | proration submits this statement for the purpose ation's board of directors. I hereby accept the app | ointment as | registered |
| SIGNATURE | Signature, typed or printed name of registered age | ont and title if applicable INOTE R | eastered Age | nt signature regu | uired when reinstating) OATF | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | FORS IN 12 |
| TITLE | PSD | ☐ DELETÉ | 1 1 TITLE | | PSTD | Change | |
| NAME | JELIC, DIANA | | 12 NAME | | • | | |
| STREET ADDRESS | 1768 LEN DRIVE | | 13 STREE | T ADDRESS | | | |
| CITY-S1-ZIP | NORTH PALM BEACH FL 334 | 08-2824 | 14 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 2 1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | | | 2 2 NAME | | | | |
| STREET ADDRESS | | | 2 3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 2 4 CITY-1 | ST-ZIP | | | |
| TITLE | | DELETE | 3 1 TITLE | | | Change | e Acdition |
| NAME | | | 3.2 NAME | İ | | | |
| STREET ADDRESS | | | 33 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 34 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETÉ | 4 1 TITLE | | | ☐ Cnange | e 🔲 Addition |
| NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 43STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - 9 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | - | | Change | e Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 53 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - 9 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6 I TITLE | | | ☐ Change | e Addition |
| NAME | | | 62 NAME | | | | |
| STREET ADDRESS | | | 63STREE | T ADDRESS | | | |
| SIREEL ADDRESS | | | 6.4 CITY S | | | | |

14. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE: