


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).

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>P98000072941</b> Corporation Name <b>BRIAN PEACOCK CONSULTING, INC.</b>		

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**  
09-10-1999 90001 045 \*\*\*550.00

Principal Place of Business <b>3 BRADFORDVILLE RD TALLAHASSEE FL 32308</b>	Mailing Address <b>4073 BRADFORDVILLE RD TALLAHASSEE FL 32308</b>
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Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified <b>08/20/1998</b>	
Suite, Apt. #, etc.				26		4. FEI Number <b>59-3527998</b>	
City & State				27		Applied For Not Applicable	
Zip				28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country				29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country				30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PEACOCK, BRIAN R 4073 BRADFORDVILLE RD TALLAHASSEE FL 32308</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City <b>FL</b> 85 Zip Code			

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	
OFFICERS AND DIRECTORS					
1. NAME <b>D PEACOCK, BRIAN R</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. ADDRESS <b>4073 BRADFORDVILLE RD</b>		1.2 NAME		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY-STATE-ZIP <b>TALLAHASSEE FL 32308</b>		1.3 STREET ADDRESS		2.2 NAME	
		1.4 CITY-STATE-ZIP		2.3 STREET ADDRESS	
		2.1 TITLE		2.4 CITY-STATE-ZIP	
		2.2 NAME		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS		3.2 NAME	
		2.4 CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.1 TITLE		3.4 CITY-STATE-ZIP	
		3.2 NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS		4.2 NAME	
		3.4 CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.1 TITLE		4.4 CITY-STATE-ZIP	
		4.2 NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS		5.2 NAME	
		4.4 CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.1 TITLE		5.4 CITY-STATE-ZIP	
		5.2 NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS		6.2 NAME	
		5.4 CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.1 TITLE		6.4 CITY-STATE-ZIP	
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-STATE-ZIP			

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: **Brian R. Peacock** (Brian R. Peacock) 9/8/99 850/668-6705

CR2E034 (5/99)