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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S05780

(9)

BUSINESS CONSULTING AND MANAGEMENT SERVICES, IN

Principal Place of Business Mailing Address				<del></del>	{ 1,000/06/0 5/6 06/04 0/14/ 1000/ 104/ 1008/ 0/14/ 0/14/ 0/14/ 0/14/ 0/14/ 0/14/ 0/14/ 0/14/		
4925 WILLOW DR BOCA RATON FL 33487 US		P.O. BOX 811148 BOCA RATON FL 33481-1148					
00					3. Date incorporated or Qualified 10/09/1990	3a. Date of La 03/14/199	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 4925 WILLOW SVZ		65-0219429		Not Applicable	
Suite, Apt. #, etc		26 4925 WILLOW DR Suite, Apt. #, etc. RATON		5. Certificate of Status Desired	1 1 '	5 Additional	
City & State		City & State				e Required	
23		28 FC		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip - 10 -	Country		This corporation has liability for in		
24	25	29 33487 3	_ ′		· · · · · · · · · · · · · · · · · · ·	Yes No	61 8. 133.032,
	9. Name and Address of Curre				10. Name and Address of New Reg	istered Agent	
GUTHRIE, ROBERT S.			81 Name				
	5 WILLOW DRIVE		62 Street Address (P.		ess (P.O. Box Number is Not Acceptable	e)	<del> </del>
	CA RATON FL 33487						
			63	'			
			84	City		FL 85	Zip Code
11 Pursuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above	e-named corn	oration submits this statement for the pr		na its registered
office or n	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607,0505, Florid	thorized by da Statute	the corporati	on's board of directors. I hereby accep	t the appointmen	t as registered
SIGNATURE.							
Signature, typind or printed name of registered agent and title if applicable (NOTE Regis				ent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE	EHS AND DIREC	
TITLE NAME	GUTHRIE, ROBERT S		1.1 TITLE 1.2 NAME				ige 🗀 Abdillon
	AND THE POST OF		l	*DDDCCC			•
STREET ADDRESS	BOCA RATON FL		1.3 SYREET	į.			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	11 - EIP		[] Char	nge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADORESS			
CITY-ST-ZIP			2 4 City-	f			
TITLE			3.1 TITLE			Chai	age Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CITY-	ST-ZIP			
TITLE	DELETE 4.11		4.1 TITLE			☐ Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY+ST-ZIP		·····	4.4 CITY-S	T-ZIP			
1111.F		DELETE	5.1 TITLE			Char	nge
NAME			5.2 NAME		•		
STPEET ADDRESS			5.3 STREET	ADDRESS	·		
CITY - ST - ZIP			5.4 CITY-5	T-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	6.1 TITLE			Char	ige
NAME			6.2 NAME		•		
STREET ADORESS			6.3 STREET	ADDRESS	•		
0.00.7 0.00			B A LANGE A				

SIGNATURE:

14. I do 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 implication 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 or Block 14 or Block 15 or Bloc

**FILED** 

Apr 03 1997 8:00am

Secretary of State