SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 5856 RIVERSIDE DR. |
|---------------------------------|
| MELBOURNE SHORES FL 32951 US |
| 2a. Mailing Address |
| Suite, Apt. #, etc. |
| |

FILED Sep 18 1997 8:00am Secretary of State

| 1. Corporation INTERN C. | n Na me | | SBSU(NSULTING | | CES | (U) Of Breva | RD, I | IN | | | | | | |
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| Principal Place | of Busines | s | | | Mailin | g Address | | | | | - | | Bibni bibni bibli bibli | |
| 5856 RIVERSIO | | | 5856 RIVERSIDE DR. | | | | | | | | | | | |
| MELBOURNE SHORES FL 32951 US | | | | | MELBOURNE SHORES FL 32951 US | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | | | |
| | | | | | | | | | | | 10/03/1991 | | 06/12/1996 | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | | | 4. FEI Number | | | plied For |
| 21 | | | | | 26 | | | | | | 59-3095672 | | | Applicable |
| Suite, Apt. #, etc. | | | | | Suite, Apt #, etc. | | | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & State | | | | | City & State | | | | | | 6. Election Campaign Financin | | \$5.00 | <u> </u> |
| 23 | | | | | 28 | | | | | | Trust Fund Contribution | | Added to | |
| Zip | | | Country | | Zip |) | | Coun | lry | | 8. This corporation owes or ha | • | | 1 |
| 24 | 25 | | | | 29 30 | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | |
| 9. Name and Address of Current Registered Agent PEEPLES, JAMES W., III 81 | | | | | | | | 1 Name | MU | | Hegister | ea Agent | | |
| | | | | : | | | | L | Ì | <u> </u> | AYERHOEFFEU | <u> </u> | (W | |
| 505 NORTH ORLANDO AVENUE COCOA BEACH FL 32932 | | | | | 82 Street Addr | | | ddres | ss (P.O. Box Number is Not Acce | otable) | | | | |
| | | | | | | | | 8 | | • ~ | KIOCHEI W | | | |
| | | | | | | | | 5 | 14 City | | | | 85 Zip C | ode |
| | | | | | | | | - 1 | <u> </u> | EL | bour me thate | <u>S</u> F | L 13.24 | |
| office or re | edistered ad | ient, o | or both, in the S | tate of Fi | orida | Such change w | vas aul | thorized | ove-named of by the corp | ogroc | oration submits this statement for too's board of directors. I hereby a | re purpos | e of changing its appointment as r | registered registered |
| agent. I ar | m fam iliar wi | th, an | id accept the of | bligation | sol,So | oction 607.0505 ハサンモの | 5, Flori | da Statul | es. | | Q() | +10- | 7 | |
| SIGNATURE | Bignalule Vind | or print | ed name of registere | | | | | | | equired | d when reinstating) | <i>ر ر رد</i> | E | |
| 12. | | | OFFICERS | | | RS | | 13. | | | ADDITIONS/CHANGES TO O | FICERS / | AND DIRECTORS | 5 IN 12 |
| TITLE | D | ١٨٣٨ | CCS ALAIN | | | ☐ DELETE | | 1.1 11114 | . | | | | ☐ Change | Addition |
| NAME | 5856 RI | | FER, ALAIN | | | | | 1.2 NAM | _ | | | | |]; |
| STREET ADDRESS | | | SHORES FL | | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | MECDO | 7/114L | OHONEO FE | | | DELETE | | 1.4 CITY 2.1 T ILI | - \$1 - 2IP | | | | Change | Addition |
| NAME | | | | | | C) otterit | | 2.2 NVM | i i | | | | Change | |
| STREET ADDRESS | | | | | | | | 1 1 | ET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | | | | | | 1 1 | (-S1-ZIP | | | | | |
| TIFLE | | | | | | DELETE | | 3.1 1 LI | | | | | ☐ Change | Addition |
| NAME | | | | | | | | 3.2 I M | ŧ | | | | | |
| STREET ADDRESS | | | | | | | | 3.3 \$ | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | | /-S1-ZIP | | | | ··· | |
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| NAME | | | | | | | | | 4E | | | | | |
| STREET ADDRESS | | | | | | | | , 6 | ET AUDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | | | | DELETE | | 4.4 Y | - ST - ZIP | | | | Change | Addition |
| NAME | | | | | | | | | E | | | | | |
| STREET ADDRESS | | | | | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | | - ST-ZIP | | | | · | |
| TITLE | | | | | | ☐ DELETE | | 61 | | | | | Change | Addition |
| NAME | | | | | | | | 6.2 | F [| | | | | |
| STREET ADORESS | | | | | | | | 6.3 | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | 6.4 | · ST - ZIP | | | | | |

I do hereby certify that the information supplied with this filing does not qualify for it information indicated on this annual report or supplemental annual report is true an I am an officer or director of the corporation or the receiver or trustee empowered trappears in Block 12 or Block 13 if changed, or on an attachment with an address

comption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

9114107

607-957-2178