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 # V39632

THE BUSINESS COUNCIL, INC.

16900 NE 19TH AVE.

NORTH MIAMI BEACH FL 33162

Precipal Place of Business		Mailing Address					
16900 NE 19TH NORTH MIAMI	i ave. Beach fl 33162	18900 NE 19TH AVE. NORTH MIAMI BEACH FL 33162-3110					
				3. Date Incorporated or Qualifi 05/29/1992	ed 3a. Date of Last Report 04/29/1996		
2. Principal Place of Business		2a. Mailing Address	3	4. FEI Number	Applied For		
21		26		65-0430856	Not Applica		
Suite Apt. # etc.		Suite, Apt. #, etc	3.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
7(p)	Country 25	7(p	Country 30	8. This corporation has liability Florida Statutes	for intangible tax under s. 199.032		
F-1	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent			
KLOSKY, LAWRENCE)	······································		

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

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City

Street Address (P.O. Box Number is Not Acceptable)

agent Tam familiar with and accept the obligations of, Section 607.0505. Florida Statutes.										
SIGNATURE Standard: 1, so the princel name of registered agent and for it applicable. INOTE: Registered Agent signature required when reinstating! DATE										
12.	OFFICERS AND DIRE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	Ď	DELFTE	1.1 TITLE	A	Change	Addition				
NAVE	TECOSKY, MEL		1,2 NAME	LAWRONCE KLO	ب مدی					
STREET ADDRESS	19593 H NE 10TH AVENUE		1.3 STREET ADDRESS	16900 NO 1900 A	Var.	/ 1				
CHTY ST-ZiP	north Miami Beach Fl	/	1.4 City - ST - ZiP	R. MANI BEACH	FL 22162	راور سرو/(در				
TITLE	P	DELETE	21 TITLE	A TONION	Change	Addition				
NAME	CHASE, MICHAEL		2 2 NAME	MERVIN S WEL	UBONG					
STREET ADDRESS	2627 NE 203RD ST, #205		2 3 STREET ADDRESS	2617 NG 2020	154 # 210	ı				
CITY-SI-ZIP	N MIAMI BCH FL		2. 4 CITY-ST-ZIP	MERVIN S WELL 2627 NG 2020 N. MIANI BOACK FL.	3/1/2					
TITLE	**************************************	DELETE	3.1 TITLE		Change	Addition				
NAME			3 2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS	•						
CHY-ST ZIF			3 4. CITY - ST - ZIP							
THE		DELETE	4.1 TITLE	1	Change	Addition				
NAMÉ			4. 2 NAME		4					
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-S1-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME							
STREET ADORESS			5.3 STREET ADDRESS							
CiTY-ST ZIP			5.4 CITY - ST - ZIP							
TIFLE		DELETE	61 TITLE		☐ Change	Addition				
NAM [‡]			6.2 NAME	1,						
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZP			6.4 CITY - ST - ZIP							

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 indicated on this annual report or suppliemental 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 this corporation or the receiver or trusteg 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 altachment with an addr**g**ss.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

FILED

Jan 28 1997 8:00am

Secretary of State

Applied For Not Applicable

Zip Code

85

0220548