FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004603 (5)**

1. Corporation Name
STRATEGIC INVESTMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
540 CARILLON PKWY., #3050 ST. PETERSBURG FL 33716	540 CARILLON PKWY., #3050 ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified: 09/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 8334 ISLAND BREEZE LANE
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FLORIDA
24: Zip: 33637 25: Country: USA

2a. Mailing Address
26: 8334 ISLAND BREEZE LANE
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FLORIDA
29: Zip: 33637 30: Country: USA

4. FEI Number: 59-3305594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DELORENZO, ANTHONY J
540 CARILLON PKWY., #3050
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name: DELORENZO, ANTHONY J.
82 Street Address (P.O. Box Number is Not Acceptable): 8334 ISLAND BREEZE LANE
83:
84 City: TAMPA FL 85 Zip Code: 33637

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Anthony J. DeLorenzo ANTHONY J. DeLORENZO 6/17/96
Signature, Type or print name of New Registered Agent (if applicable) — Title — Date
(If NEW Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DELORENZO, ANTHONY J	
STREET ADDRESS	540 CARILLON PKWY., #3050	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	8334 ISLAND BREEZE LANE	
14 CITY-ST-ZIP	TAMPA, FL 33637	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Anthony J. DeLorenzo ANTHONY J. DeLORENZO 6/17/96 813-979-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #