


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

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L04605 (6)**  
1. Corporation Name  
**THE ORLANDO MAC CONSULTING GROUP, INC.**



Principal Place of Business <b>226 WEBER ST. ORLANDO FL 32803 US</b>	Mailing Address <b>P.O. BOX 677478 ORLANDO FL 32867 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 516 PUERTA CT.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 PO BOX 947947</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/24/1989</b>	
22 City & State <b>23 ALTAMONTE SPRINGS, FL</b>		27 City & State <b>28 MAITLAND, FL</b>		4. FEI Number <b>59-2967307</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>32701</b>		29 Zip <b>32744-7947</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GERHARD, ADLER 226 WEBER ST. ORLANDO FL 32803</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>516 PUERTA CT.</b>	
83				84 City <b>ALTAMONTE SPRINGS FL</b>	
84 City				85 Zip Code <b>32701</b>	

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	NAME <b>ADLER, GERHARD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9537 TRULOCK COURT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME	
TITLE <b>D</b>	NAME <b>ADLER, GERHARD</b>	1.3 STREET ADDRESS <b>516 PUERTA CT.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9537 TRULOCK COURT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE <b>V</b>	NAME <b>ADLER, GERHARD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9537 TRULOCK COURT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS <b>516 PUERTA CT.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS <b>516 PUERTA CT.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. 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: \_\_\_\_\_ **3/2/98 1676493285**

CR2E034 (10/97)