

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 # **P93000082917 (4)**

1. Corporation Name
CONSULTANT'S LTD., INC.



Principal Place of Business: **3383 TARPON WOODS BLVD PALM HARBOR FL 34685**
Mailing Address: **3383 TARPON WOODS BLVD PALM HARBOR FL 34685**

3. Date Incorporated or Qualified: **11/29/1993**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3226602**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**MORRIS, BARBARA E
3383 TARPON WOODS BLVD
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: *Barbara E. Morris* **Barbara E. Morris Pres.** DATE: **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MORRIS, BARBARA E	
STREET ADDRESS	3383 TARPON WOODS BLVD	
CITY - ST - ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, JACK	
STREET ADDRESS	3383 TARPON WOODS BLVD	
CITY - ST - ZIP	PALM HARBOR FL 34685	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KALBFLEISCH, BARBARA I	
STREET ADDRESS	3362 MINNOW CREEK DR	
CITY - ST - ZIP	SPRING HILL FL 34607	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KALBFLEISCH, GORDON	
STREET ADDRESS	3362 MINNOW CREEK DR	
CITY - ST - ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV
3.3 STREET ADDRESS	Thomann, Jan Marie
3.4 CITY - ST - ZIP	4321 Thornview Dr. Morrow, Ohio 45152
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	Dixon, Julie Marie
4.4 CITY - ST - ZIP	3417 Pembroke Place Bedford, Tx 76021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 my address.

SIGNATURE: *Barbara E. Morris* DATE: **4/24/96** TELEPHONE: **813-789-2134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)