FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	L REPORT 996) DIV	VISION OF CORE	PORATIONS				
DOCUM		P950000	00819	4 (9)					
1, Corporation N CONSUL		Marketing, II	NC.						
Principal Place of	f Business		Mailing Addre	ess			ACILI ACILI CONT. AL	FIW: 1948: FIW: 1	JIII FIB 1 1081
2900 GULF BLV			2900 GULF	BLVD.					
#207	011 51 04004		#207 DELLEAD 1	BEACH FL 34634			-		
BELLEAIR BEAG	CH FL 34634		DELLEAIN (DENGIT IE 94034		 Date Incorporated or Qualifit 01/27/1995 	ied 3a. Dat	e of Last Rep	ort
. Principal Plac	re of Business		2a. Mailing A	.ddress		4. FEI Number			oplied For
	,00,000		26			59-3318741			ot Applicable
Suite, Apt. #,	etc.		Suite. Ap	ot, #, etc.		5. Certificate of Status Desired	1 🗀		Additional equired
City & State			City & St	ate		6. Election Campaign Financin	ng [May Be
3			28			Trust Fund Contribution			to Fees
Zφ	├ ─¬	untry	Zip	-	Country 1	8. This corporation has liability Florida Statutes	y for intangible Yes 🛣 No	iax under s	199.032,
4	25 Name and Ad	idress of Current R	29 egistered Age	ent 30	L	10. Name and Address of N		Agent	
	o, Haine and Au				81 Name				
MUELLEF	R, ROBERT J				B2 Street Add	ress (P.O. Box Number is Not Acce	eptable)		
2900 GUI					83				
#207		•••			63				
BELLEAIR BEACH FL 34634				84 City		F	L 85 Zip	Code	
11. Pursuant to	the provisions of S	Sections 607.0502 an	nd 607,1508, Fi	lorida Statutes, th was authorized by	ne above named corpo y the corporation's boa	oration submits this statement for th and of directors. I hereby accept the	e purpose of c appointment	hanging its re as registered	gistered office agent. I am
tamilar witr SIGNATURE	Signature, typogrammates.	OFFICERS AND [DIRECTORS	Timote R	getern Aport Separation respon	oration submits this statement for the ard of directors. Thereby accept the contract of the accept	ne purpose of c e appointment :	ND DIRECTO	RS IN 12
signatures	Presiden	care of register Layer and OFFICERS AND C	DIRECTORS	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	gederat April Septilate responsible	on what recording	ne purpose of c e appointment :		
SIGNATURE -S 12. TITLE NAME	Presiden Catherin	officers and interest of Mueller Mueller Mueller	DIRECTORS	Timote R	graderic Aprot signature reque 13. 1 THUE 12 NAME	on what recording	ne purpose of c e appointment :	ND DIRECTO	RS IN 12
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SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Mueller, President/Director President/Director

April 28, 1996

(813) 595-7896