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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030130 (4)

THRESHOLD CONSULTING SERVICES, INC.

FILED Apr 14 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address		4 1990 1101 9511 \$400 0111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 \$400 0111 \$400 0011 \$400	
150 WOODCREEK DRIVE NORTH SAFETY HARBOR FL 34695	150 WOODCREEK DRIVE NORTH			
WATER THANDON PL 39080	SAFETY HARBOR FL 34	080	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			04/01/1996	
2. Principal Place of Business 21 2709 Rocky Point Drive	2a. Mailing Address 26 2709 Rock	x Point Drive	4, FEI Number Applied For Not Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc. 1	03	5. Certificate of Status Desired Section Fee Required	
City & State	City & State	<u> </u>	6. Election Campaign Financing \$5.00 May Be	
23 Tampa Florida	28 Jampa	Florida	Trust Fund Contribution Added to Fees	
Zip Country	Tip /	Country	8. This corporation owes or has paid the current year intangible	
24 33607 25 9. Name and Address of Current R	29 33607	30]	Personal Property Tax due June 30. Yes No	
	edistered Water	81 Name	10. Name and Address of New Registered Agent	
PATTERSON, ROBERT K		1 1 70	Herson Patricia D	
150 WOODCREEK DRIVE NORTH		B2 Street Add	ress (P.D. Box Number is Not Acceptable) JoodCreck Drive North	
SAFETY HARBOR FL 34695		83	voodcreck drive North	
		84 CityC	et 46060 FL 85 34605	
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statu	rtes, the above-named corr	poration submits this statement for the purpose of changing its registered	
office or registered egent, or both, in the State of I	Florida Such change was	authorized by the corpora	tion's board of directors. I hereby accept the appointment as registered	
	1.10	100	$a_1 - a_2 = 1$ $H = G = G \cap G$	
CONTRACTOR TO MATERIAL A. I				
SIGNATURE Signature, typed or printed name of registered agreement	d title if applicable (NO	TE: Registered Agent signature requi	ind when reinstating) DATE	
Signature, typed or printed name of registrined appear an	d tile il applicable (NO	TE: Registered Agent signature requi	ind when remistating) DATE D	
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