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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000042952 (7)

SKS	CONSULTING CO	RP.									
Principal Place of Business Mailing Address) (8	(170)101 100)
855 SOUTH FEDERAL HIGHWAY 855 SOUTH FEDERAL HIGH STE 113 STE 113 BOCA RATON FL 33432 BOCA RATON FL 33432					SHWAY			DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			ļ
								05/13/1996			
	Place of Business		2a. Mailing Address					4. FEI Number			pplied For
21			26					65-0663953			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee R	Additional Required
City & State			City & State					6. Election Campaign Financing	_		May Be
23			28				Trust Fund Contribution			to Fees	
Zip	Cour	·				Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	9, Name and Add		29		30			Personal Property Tax due Jur 10. Name and Address of New F			
<u> </u>		1988 Of Coffeen in	iodistaien wae		- 8	iT.	Name	10, Hallie BIN Address Of New F	- Agretoreo	Agein	
PICINICH, KENNETH 855 SOUTH FEDERAL HIGHWAY					8			iss (P.O. Box Number is Not Accepta	able)		
STE 113 BOCA RATON FL 33432					8	3				·····	•
DOON NATURE C 33432					8	4	City			85 Zip	Code
							•		<u>FL</u>	-	
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 region 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profiled name of registrate agent and little if applicable. (NOTE: Registered Agent signature required when reinslating) DATE									its registered s registered		
12.		OFFICERS AND D		(NOTE	13.	gent	signature require	ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	IRS IN 12
TITLE	PD	OF TOETS AND E		DELETE	1,1 Tiřlě	_		ADDITIONS/CITANGES TO OTT	IOLIIS AN	Change	
NAME	SMERLING, SHE	I DON			1.2 NAMI						_
STREET ADDRESS 855 SOUTH FEDERAL HIGHY			- · · ·				nneres				
CITY-ST-ZIP BOCA RATON FL 33432						1.3 STREET ADDRESS 1.4 CITY+ST-ZIP					
TITLE	SD	L 00402		DELETE	2.1 TITLE		ZIF .			Change	Addition
NAME	SMERLING, CAR	ROI			2.2 NAMI		1				_
STREET ADDRESS					2.3 STRE		OORESS				
CITY-ST-ZIP					2 4 CITY				- 9		
TITLE				DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	3.				3.2 NAMI	3.2 NAME					
STREET ADDRESS	s				3.3 STAE	ET AL	DDRESS				
CITY-ST-ZIP					3.4. CITY	- \$7-	-ZIP				
TITLE				DELETE	4.1 TITLE					Change	☐ Addition
NAME	4				4. 2 NAM	4. 2 NAME					
STREET ADDRESS	3				4.3 STRE	ET AI	.DORESS				
CITY-ST-ZIP					4.4 CITY	-ST-	· Z IP				
TITLE				DELETE	5.1 TITLE					Change	☐ Addition
NAME					5.2 NAMI	E					
STREET ADDRESS	5				5.3 STRE	ET AI	DORESS				
CITY-ST-ZIP					5.4 CITY	S1-	- 2IP				
TITLE			<u> </u>	DELETE	6.1 TITLE					Change	Addition
NAME 6.2					6.2 NAME	6.2 NAME					ļ
STREET ADDRESS	s				6.3 STRE	ET AL	DDRESS				ı

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 roceiver of 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 on an attachment with address.

6.4 CITY-ST-ZIP

Sheldon Smerling 3-19.58

FILED

Mar 30 1998 8:00am

Secretary of State