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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State

	1997	DIVISION OF	JOH ON	ATIONS	ļ				
	MENT # 459095			, ************************************					
CONSUL	TANTS, INC., OF SOUTH	WEST FLORIDA					/ <b>0</b> 1012 0 co.d 0 co.d		
Principal Plac	e of Business	Mailing Address				A CARDIN DIO DE DECENDO PORTE DANTO 10104 DAN	I ANDLI RIDII BIBII	BIRIO BIRIO	F) 0   1   1   1   1   1   1   1   1   1
852 BALD EAGLE DRIVE		852 BALD EAGLE DRIVE							
maroo islani Us	D FL 33969-0825	P.O. BOX 825 MARCO ISLAND FL 34146-	AR25		- 1				
00		US	VOLU		}	3. Date Incorporated or Qualified	3a. Date		eport
						08/05/1974	03/06	/1996	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			plied For
Sulte, Apt.	# atc	Suite, Apt. #, etc.				59-1573418	·····		t Applicable
991	π, θιο.	27			1	<ol><li>Certificate of Status Desired</li></ol>		7 و 1.00 Fee Re	Additional quired
City & Stat	θ	Cily & State				6. Election Campaign Financing		\$5.00	
23		28	,	FFM 84		Trust Fund Contribution		Added t	
Zip	Country	Ζip	Cou	ntry	ļ	8. This corporation has liability for			199.032,
24	25 9. Name and Address of Curre	29 29 Agent	30			Florida Statutes  0. Name and Address of New Ro	Yes		
(1 5)				81 Name	!	o. Nume the Accides of the Th	Biororoo Ma		
£52	NELLYN, LEONARD F. BALD EAGLE DRIVE PO ICO ISLAND FL 33909 34	1,13 <i>0</i> × <i>80</i> 5		00	A -1-1	(D.O. D. M			
MAR	ICO ISLAND FL 33989 3/1	111-11835		82 Street	Address	(P.O. Box Number is Not Accepta		ive	,
((() %	י לייני	116-0005		83	مراميرامو			1.42.	
			l	64 City				85 Zip (	Code
							トレー		ļ
11. Pursuant office or r	to the provisions of Sections 607.05 registered agont, or both, in the Statum familiar with, and accept the obli	502 and 607.1508, Florida Statut te of Florida. Such change was :	es, the at authorized	ove-named by the cor	corpora poration	tion submits this statement for the s board of directors. I hereby acce	purpose of chept the project project purpose p	langing it: Itment as	s registered   registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Stat	utes.		ŕ	,		Ť
SIGNATURE	Signature, typod or printed name of registered a	gent and title if applicable (NOT	E. Brgisteree	Agent signature	required w	hon reinstating)	DATE.		
12.		ND DIRECTORS			<del></del> .	ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 12
TITLE	CST	☐ DELE16	1.1 111	ĻĒ	859 BALD FLAGUE DRIVE OF ACHI P.O. BOX 805 NA WARRO FSL, FL 34146-08		Addition		
NAME	LLEWELLYN, LEONARD F			1.2 NAME. 1.3 STREET ADDRESS		J BALL PAGUEL	MANE.	or	
STREET ADDRESS	852 BALD EAGLE DRIVE		1			100x 8000 N	12/11/1	1-3	03-
CITY-ST-ZIP TITLE	MARCO ISL, FL 00000		1.4 CHY-SI-2IP 2.1 HILE		VIII.	100 FOLIFU	3714	クフィ I Change	Addition
NAME		L been	2.1 NA		]		<u></u>	, change	L' YOURION
STREET ADDRESS				REET ADDRESS					
CATY-ST-ZIP			1	TY-ST-ZIP					
TITLE		☐ DELETE	3.1 7(1					Change	Addition
NAME			3.2 NA	ME					}
STREET ADDRESS			3.3 \$1	HEET ADDRESS	}				
CITY-ST-ZIP		DELLIE		TY-ST-ZIP			<del></del>	Change	Addition
TITLE NAME		ר חבנונו	4.1 Till 4. 2 N		ļ		L_	) Change	L AGGIIIOII
STREET ADDRESS				HEET ADDRESS					}
CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		DELETE	5.1 1 1					Change	Addition
NAME			5.2 NA	ME	1				
STREET ADDRESS			5 3 ST	REFT ADDRESS	}				
CITY-ST-ZIP				Y-ST-71P		· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	6.1 TrT				L.	Change	Addition
NAME			6.2 NA		_	$\mathcal{M}$			
STREET ADDRESS			1	REFT ADDRESS	W/P	and for 4 llot	$b\nu$		1
CITY-ST-ZIP				Y - ST - 71P					

I do hereby certify that the information supplied with this filling 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 logal effect as if made under the same logal effect

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041-391-831

**FILED** 

Mar 17 1997 8:00am

Secretary of State