

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

FILED
May 09 1997 8:00am
Secretary of State

FROTH
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614739

(1)

1. Corporation Name
GEORGE THOMAS CONSULTING, INC.

Principal Place of Business

312 S OLD DIXIE HWY #102
P.O. BOX 1027
JUPITER FL 33458

Mailing Address

312 S OLD DIXIE HWY #102
P.O. BOX 1027
JUPITER FL 33458-7476

2. Principal Place of Business

21 | Suite, Apt. #, etc.

22 | City & State

23 | Zip | Country

24 |

2a. Mailing Address

26 | Suite, Apt. #, etc.

27 | City & State

28 | Zip | Country

29 | 30 |

9. Name and Address of Current Registered Agent

THOMAS, GEORGE W.
12840 LAUREL VALLEY LANE
HOBE SOUND FL 33455

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 607.0607 and 607.0609, Florida Statutes, the above named corporation submits the 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 607.0609, Florida Statutes.

SIGNATURE

Signature type: registered agent or officer or director (check one)

OFFICE: If a Florida resident, use the office in which you are doing business

DATE

12. OFFICERS AND DIRECTORS

- 1. TITLE: PD, NAME: THOMAS, GEORGE, STREET ADDRESS: 12840 S E LAUREL VALLEY, CITY-STATE-ZIP: HOBE SOUND FL, 2. TITLE: VP, NAME: THOMAS, GEORGE W JR., STREET ADDRESS: 525 N. OCEAN BLVD., CITY-STATE-ZIP: POMPANO BEACH FL, 3. TITLE: [] DELETE, NAME: [] DELETE, STREET ADDRESS: [] DELETE, CITY-STATE-ZIP: [] DELETE, TITLE: [] DELETE, NAME: [] DELETE, STREET ADDRESS: [] DELETE, CITY-STATE-ZIP: [] DELETE, TITLE: [] DELETE, NAME: [] DELETE, STREET ADDRESS: [] DELETE, CITY-STATE-ZIP: [] DELETE, TITLE: [] DELETE, NAME: [] DELETE, STREET ADDRESS: [] DELETE, CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/EXCHANGES TO OFFICERS AND DIRECTORS IN 12

- 1. TITLE: [] Change [] Addition, 2. NAME: [] Change [] Addition, 3. STREET ADDRESS: [] Change [] Addition, 4. CITY-STATE-ZIP: [] Change [] Addition, 5. NAME: [] Change [] Addition, 6. STREET ADDRESS: [] Change [] Addition, 7. CITY-STATE-ZIP: [] Change [] Addition, 8. NAME: [] Change [] Addition, 9. STREET ADDRESS: [] Change [] Addition, 10. CITY-STATE-ZIP: [] Change [] Addition, 11. NAME: [] Change [] Addition, 12. STREET ADDRESS: [] Change [] Addition, 13. CITY-STATE-ZIP: [] Change [] Addition, 14. NAME: [] Change [] Addition, 15. STREET ADDRESS: [] Change [] Addition, 16. CITY-STATE-ZIP: [] Change [] Addition, 17. NAME: [] Change [] Addition, 18. STREET ADDRESS: [] Change [] Addition, 19. CITY-STATE-ZIP: [] Change [] Addition

14. I do hereby certify that this annual report complies with the filing requirements of the corporation stated in Section 607.0609, Florida Statutes. I further certify that the information included in this annual report is true, correct and complete 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 registered agent employed or authorized to create this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change, or on an attachment with an address.

SIGNATURE

CR2EC34 (9-96)

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PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614739 (1)
1. Corporation Name
GEORGE THOMAS CONSULTING, INC.



Principal Place of Business: **#12 S OLD DIXIE HWY #102
P.O. BOX 1027
JUPITER FL 33458**
Mailing Address: **312 S OLD DIXIE HWY #102
P.O. BOX 1027
JUPITER FL 33458-7476**

3. Date Incorporated or Qualified: **03/05/1979** 3a. Date of Last Report: **04/30/1996**
4. FEI Number: **59-1938803** Applied For: Not Applicable
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
**THOMAS, GEORGE W.
12840 LAUREL VALLEY LANE
HOBE SOUND FL 33455**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, GEORGE	
STREET ADDRESS	12840 S E LAUREL VALLEY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, GEORGE W JR.	
STREET ADDRESS	525 N. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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 an address.

SIGNATURE: _____

CF2E034 (9/96)