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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 621657

(6)

INGELS' CONSULTING COMPANY, INC.

Principal Place of Business

Mailing Address

926 ELYSIUM BLVD MT. DORA FL 32757 926 ELYSIUM BLVD MT. DORA FL 32757-7025

## FILED Feb 04 1997 8:00am Secretary of State



				05/15/1979 01		Pate of Last Report /24/1996		
2. Principal Place of Business		28. Mailing Address 26. 8050/10 Re LRidge DAI		4. FEI Number		<del></del>	oplied For ot Applicable	
21	LAURICICAGELIE	26 805 40 Suite, Apt. #, etc.	Re CINC	he Dun	59-1908479			
22		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 MTDORA FL		City & State  28 MT DORA FL		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip 24 <i>オン1</i> 。	57 25 Ly SA	29 <b>3</b> 2757	Country 30 La-	SA		Yes [	No	. 199.032,
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New R	egistered /	Agent	
ING	els, earle g.		81	Name				
926 ELYSIUM BLVD. MT. DORA FL 32757					ess (P.O. Box Number is Not Accepte	blei		
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			83	}				
			84	City			es Zin (	Code
			04	City		FL	65   Zip (	Joue
agent fa	registered agent, or both, in the State of im familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Statute	s.			Olithidell as	
12.	Signature, typed or printed name of registered agen OFFICERS AND		TE: Registered Ap	eni signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	S IN 12
		DELETE	1,1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	OLIIO AIVL	Change	Addition
TITLE	PD			l l			L.J Unarige	L Addition
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THILE	VD	L Detere	1	1			Change	L.J Abdition
NAME	INGELS, BEVERLY		2.2 NAME			•		
STREET ADDRESS	926 ELYSIUM BLVD			ADDRESS	•			
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				T ADDRESS				
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TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	T ADDRESS			Change	Additio

1 do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(j), 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 1335 changed, or on an attachment with an address.

SIGNATURE:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-91 352-385-6060