## 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 # F82641

(4)FINANCIAL CAREER CONSULTANTS, INC. Principal Place of Business Mailing Address 8111 UNIVERSITY DR 3111 UNIVERSITY DR **SUITE 700** SUITE 700 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-5086 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1982 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59-2195657 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bf Name SCHMIDT, JOANNE 9451 NW 44 PL 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change Addition TITLE 1.5 THLE WITZEL, ROBERT C NAME 1.2 NAME CR2E034 **7459 NW 34 STREET** STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CITY-ST-21P Addition DELETE Change 2.1 TITLE SCHMIDT, JOANNE NAME 2.2 NAME 9451 NW 44 PLACE STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME witzel, robert c. 3.2 NAME **7459 NW 34 STREET** STREET ADDRESS 3.3 STREET ADDRESS Lauderhill fl CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition TITLE Change 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 \$TREET ADDRESS CITY-ST-ZIP 4.4 ÇITY-ST-ZIP DELETE Addition TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54011Y-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 if 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.

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIF

4/70/97

954-340-6670

**FILED** 

May 08 1997 8:00am

Secretary of State