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

**PROFIT CORPORATION** ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 **DOCUMENT #** 

F93000004532 (8)

HARB	OUR CONSULTING GROUP,	INC.	,		<u> </u>
Delegia al Disa		Adulting Aglebage		<u> </u>	<b>       </b>
·	e of Business	Mailing Address			
SUITE 301 1401 UNIVERSITY DRIVE CORAL SPRINGS FL 33071		Suite 301 1401 University Drive Coral Springs FL 33071		DO NOT WRITE IN THI	S SPACE
COMML SPI	mings rt 330/1	COMAL SPRINGS PL 3	3071	3. Date Incorporated or Qualified	-
				10/06/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0437777	Not Applicable
Suite, Apt.	#, <b>9</b> IC.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	lo.	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	[25]	29	30	Personal Property Tax due June 30.	L Yes No
	9, Name and Address of Current	Hegistered Agent	B1 Name	10, Name and Address of New Registere	d Agent
	IUME, JOHN Suite 301			ress (P.O. Box Number is Not Acceptable)	<del></del>
1	401 UNIVERSITY DRIVE		63	1035 () .O. BOX HOMBON IS NOT ACCORDADICY	
C	CORAL SPRINGS FL 33071		63		
•			84 City	F	L 85 Zip Code
office or i algent 1 a	to the provisions of Sections 607,0502 registered agent, or both, in the State can familiar with, and accept the obligat	Honda, Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature Types I or posting range of registerest agent	and fer if applicable "NO	E. Angistured Agent & gnature requi	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	L_ DELETE	1.1 HILE	•	Change Addition
NAME	HUME, JOHN	I	1.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DRIVE, SU	ITE 301	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DELETE	1.4 CITY-ST-7IP		Change
TITLE	D CALANIA ICAAC	☐ DELETE	2.1 TITLE		Change Addition
NAME	SALAMA, ISAAC 420 E. 54TH STREET, APT. 8	1	2.2 NAME		
STREET ADDRESS	NEW YORK NY 10022	~√	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D TORK WY 10022	☐ DELETE	2 4 City - St - ZiP 3.1 Title		Change Addition
NAME	SALAMA, JAIME		3.2 NAME		Eil charge Eil months.
STREET ADDRESS	420 E. 54TH STREET, APT. 8	l	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	•	3.4. CITY - S1 - ZIP		
TITLE	1100 101011	[] ELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TIFLE	·	Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY_ST_7IP	1		6 A CITY - ST., ZIP		

14. I hereby certify that the information supplied with this filing does not gradify 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 trustor state of the corporation or the receiver of the corporation or the receiver or trustor state of the corporation of the corporation or the receiver of the corporation or the receiver of trustor state of the corporation of the co

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**FILED** 

Jun 04 1998 8:00am

Secretary of State