

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

APPROVED
AND
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98 APR 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *179500001246*

1. Corporation Name

CONSELLTANT GROUP CORPORATION

Principal Place of Business	Mailing Address
8895 N MILITARY TR BLDG B, SUITE 302 PALM BEACH GARDENS FL 33410	% CONSELLTANT GROUP CORP 2 PRESTIGE PL SUITE 340 DAYTON OH 45342

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
3/17/95	4/7/97
4. FEI Number	Applied For
31-1387738	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. 189.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
PANFIL, WALTER J 8895 N MILITARY TRAIL BLDG B, SUITE 302 PALM BEACH GARDENS, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLOWSKI, NORMAN L	1.2 NAME	
STREET ADDRESS	2 PRESTIGE PLACE, SUITE 340	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG OH 45342	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANFIL, WALTER J	2.2 NAME	
STREET ADDRESS	8895 N MILITARY TRAIL, B-302	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCRAFT, DAVID	3.2 NAME	
STREET ADDRESS	2 PRESTIGE PLACE, SUITE 340	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG OH 45432	3.4 CITY - ST - ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTHY, RICHARD J	4.2 NAME	
STREET ADDRESS	2 PRESTIGE PLACE, SUITE 340	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG OH 45432	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard J. Berthy 3/13/98 937 439-1339