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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000004530 (0)

H.R.B. CONSULTING, INC.

Apr 09 1998 8:00am Secretary of State

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**FILED** 

Principal Place of Business	Mailing Address							
2421 SE LOOKOUT BLVD STE 201 PORT ST LUCIE FL 34984	2421 SE LOOKOL STE 201 PORT ST LUCIE (		DO NOT WRITE IN THIS SPACE					
US	US	I C VYIOY	3. Date Incorporated or Qualified 09/18/1995	TO NO.				
2. Principal Place of Business	2a. Mailing Addre	S\$	4. FEI Number	Applied For				
21	26		22-2282107	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, 6	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
24 25	ountry Zip	Country -	<ol> <li>This corporation owes or has paid the current Personal Property Tax due June 30.</li> </ol>	urrent year Intangible Yes No				
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
BAYARD, HARRY R 2421 SE LOOKOUT	RI VA	81 Nam	10					
PORT ST LUCIE FL		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						

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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE	Signature, typed or printed name of registered a yent and title if applicable	(NOTE R	ogistered Agent signature r	required when reinstating)	DATI		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE		DELETE	1.1 TITLE			Change	Addition
NAME	BAYARD, HARRY R		1.2 NAME				
STREET ADDRESS	2421 SE LOOKOUT BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				ŀ
STREET ADDRESS			2.3 STREET ADDRESS		E. C. Park		}
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS		1	4.3 STREET ADDRESS				ľ
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 TITLE			☐ Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREET ADDRESS				i
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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:

Harry R Bayers

HARRY R BAYARD

561-336-5940

Zip Code

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