## 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

| ב<br>ו<br>ו  |   | MENT<br>Name<br>CONSULTI |          | 000004933                     | (6)   |                                  |           |   |                                  |
|--|---|--------------------------|----------|-------------------------------|---|----------------------------------|-----------|---|----------------------------------|
| Pr   | Principal Place of Business Mailing Address |                          |          |                               |   |                                  |           |   | 1 16100 11106 1111 10 <u>6</u> 1 |
| 12617 83 AVE. N.<br>SEMINOLE FL 33776<br>US  |   |                          |          |                               | 12617 83 AVE. N.<br>SEMINOLE FL 33776<br>US       |                                  |           | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                   | DE                               |
|  |   |                          |          |                               |   |                                  |           | 10/12/1995  |                                  |
| _  | Principal P                                 | lace of Busin            | ess      | <b>├</b> ── "                 | 2a. Mailing Address                               |                                  |           | 4. FEI Number   | Applied For                      |
| 21   | Sulte, Apt.                                 | # etc                    |          | Suite Apt # 6                 | Suite, Apt. #, etc.                               |                                  |           | 73-1318429  | Not Applicable                   |
| 22   | outo, ript. II, 9to.                        |                          |          | <del> </del>                  | 27  |                                  |           | 5. Certificate of Status Desired  | 8.75 Additional Fee Required     |
|  | City & State                                |                          |          | City & State                  |   |                                  |           | 6. Election Campaign Financing  | 5.00 May Be                      |
| 23   | · <u></u>                                   |                          |          | 28                            | - <del>                                    </del> |                                  |           |   | Added to Fees                    |
| 24   | Zip   | <b>├</b>                 |          | Zip                           | Country<br>30                                     |                                  |           | 8. This corporation owes or has paid the current                                |                                  |
| 24   |   |                          |          | 29<br>urrent Registered Agent | [30]  |                                  |           | Personal Property Tax due June 30.  10. Name and Address of New Registered Ager |                                  |
| WAIT, SANDRA<br>12617 83 AVE. N.<br>SEMINOLE FL 33776  |   |                          |          |                               |   | 82<br>83<br>84                   | City      | ridress (P.O. Box Number is Not Acceptable)                                     | •                                |
| 11. Pursuant to the provision of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of directors of the purpose of changing its register of agent. I am familiar with, and accept the objections of Section 607.0505, Florida Statutes.  SIGNATURE    April 1 |   |                          |          |                               |   |                                  |           |   |                                  |
| 12   |   |                          | OFFICER  | S AND DIRECTORS               | 1   |                                  |           | ADDITIONS/CHANGES TO OFFICERS AND DIR   | RECTORS IN 12                    |
| TITI   |   | P<br>Wait, Douglas e     |          | L. DELE                       | ☐ DELETE 1  |                                  |           |   | Change 🔲 Addition                |
|  | REET ADDRESS                                | 12617 83                 | BAVE. N. |                               | 1.:   |                                  | I ADDRESS |   |                                  |
| TITI   | Y-ST-ZIP SEMINO                             |                          | E FL     | DELETE                        |   | 1.4 CITY - ST - ZIP<br>2.1 TITLE |           |   | Change Addition                  |
| NAJ  |   | WAIT, SA                 | INDRA    |                               | •   | 2 NAME                           |           | Д.  | - radinal                        |
|  | REET ADDRESS                                | 12617 83                 | AVE. N.  |                               |   |                                  | T ADDRESS |   |                                  |
| _  | Y-ST-ZIP                                    | SEMINOL                  | E FL     |                               |   | 4 CITY -                         | ST-ZIP    |   |                                  |
| TIT  |   |                          |          | [] DELE                       |   | 1 TITLE                          |           |   | Change Addition                  |
| NA   |   |                          |          |                               | l l   | 2 NAME<br>2 OTOGET               | LADDECC   |   | -                                |
|  | NEET ADDRESS<br>Y-St-Zip                    |                          |          |                               |   | 3 STREET<br>4. CITY-:            | T ADDRESS |   |                                  |
| TITL   |   |                          | ·····    | ☐ DELE                        |   | 1 TITLE                          | 31-21     |   | Change                           |
| NA   |   |                          |          | _                             |   | 2 NAME                           |           | _   | · - "                            |
|  | EET ADDRESS                                 |                          |          |                               |   |                                  | ADDRESS   |   |                                  |
| CIT  | Y-ST-ZIP                                    |                          |          |                               |   | CITY-S                           | ST-ZIP    |   |                                  |
| TITL   |   |                          |          | ☐ DELE                        | TE 5:   | 1 TITLE                          |           |   | Change                           |
| NAI  | 1   |                          |          |                               |   | 2 NAME                           | ļ         |   |                                  |
|  | LEET ADDRESS                                |                          |          |                               |   |                                  | ADDRESS   |   |                                  |
|  | Y-ST-ZIP                                    |                          |          | DELE                          |   | CITY-S                           | ST - ZIP  |   | Change Addition                  |
| TITL   | 1   |                          |          | L. UELE                       |   | I TITLE                          | }         |   | Change                           |
| NAM  |   |                          |          |                               |   | NAME                             | , MODDECO |   | İ                                |
| SIR  | EET ADDRESS                                 |                          |          |                               | 6.3   | STAFEL                           | ADDRESS   |   |                                  |

14. I hereby certify that the information supplied with this filling 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 13 if changed at on an attachment with an address.

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**FILED** 

May 01 1998 8:00am

Secretary of State