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

POCU	MENT # F95000	006017 (6))					
3	N CONSULTING, INC.		,					
:								
Principal Place of Business Mailing Address							PARA DIAN BANDI	
19870 BEACH ROAD. UNIT 321 19670 BEACH RD								
JUPITER ISLAND FL 33469		321A Jupiter Island FL 33469				DO NOT WRITE IN THIS SPACE		
		US	100			3. Date Incorporated or Qualified		
9 Origonal C	Place of Business	2a. Mailing Address				12/11/1995 4. FEI Number		Name of Francisco
21 26						65-0601559	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5, Certificate of Status Desired	\$8.75	Additional
22 Chart Chart		City & State				Required		
City & State		Zity & State			6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Coun	Country		8. This corporation owes or has paid the o		
24	25 29		30		Personal Property Tax due June 30.		X Yes No	
	g, Name and Address of Current	Registered Agent	<u>_</u>	B1 N	lame	10. Name and Address of New Registere	d Agent	
BROWN, SARAH W			L					
19670 BEACH ROAD, UNIT 321 JUPITER ISLAND FL 33469] {	B2 S	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	THEN IDEAND I C 00103		1	B3			 	
			1	84 (City		. 85 Zir	Code
44 Dureuppt	to the provinces of Sections 607 0002	and CO7 1609 Florida State	ulan the abo	2000	omed core	oration submits this statement for the purpose	L	ito registered
office or i	registered agent, or both, in the State o im familiar with, and accept the obligati	l Florida. Such change was	authorized	by th	e corporat	ion's board of directors. I hereby accept the a	ppointment a	s registered
SIGNATURE	an ignalia with, and accept the orangen	ons or, exertion bor.0000, r	ionga Siaid	163.				
Signature, typed or ponted name of registered agent and the if applicable (NOTE F				Agents	gnature requi	ed when reinstating) DATE		
12.	CS OFFICERS AINLY	DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	BROWN, SARAH W		1.2 NAN		1			
STREET ADORESS	19670 BEACH ROAD, UNIT 321		1.3 STR	STREET ADDRESS				
CITY-ST-ZIP	JUPITER ISLAND FL 33469		1.4 CHY-ST-ZIP		P		 	
TITLE	PT DAMELIAN DAME	L_] DELETE	21 THE 22 NAM		Į.		L Change	☐ Addition
NAME STREET ADDRESS	CRANSHAW, DAVID 2 MIDTOWM PLAZA, 1360 PEACHTREE ST			2.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA			2. 4 CITY - ST - 7IP				
TITLE		DELETE	3.1 TITE	E.			Change	☐ Addition
NAME			1	3.2 NAME				
STREET ADDRESS			3.3 STRI					
CITY-ST-ZIP TITLE		DELETE		3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition
NAME			4, 2 NAf		Ì			
STREET ADDRESS			4.3 STR	EET ADD	PRESS			
CITY-ST-ZIP			4.4 City		Р			····
TITLE		DELETE	5.1 TITLI				☐ Change	Addition
NAME Street address			5.2 NAM 5.3 STRE		nress			i
CITY-ST-ZIP			5.4 CITY					ι .
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	1E	}			
STREET ADDRESS	4		6.3 STRE					
CITY-ST-ZIP			6.4 CITY	'- ST- Z I	P			

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.

- Saul 11 80000

561-746-6226

FILED

Apr 17 1998 8:00am

Secretary of State