

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002992 (3)**  
1. Corporation Name  
**GENERAL CONSULTANTS & CONSTRUCTION SERVICES, INC**



Principal Place of Business <b>5887 NW 66TH WAY PARKLAND FL 33067</b>	Mailing Address <b>5887 NW 66TH WAY PARKLAND FL 33067</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1060 NE 27 WAY</b>		2a. Mailing Address 26 <b>1060 NE 27 WAY</b>		3. Date Incorporated or Qualified <b>06/13/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0645186</b>	
22 City & State 23 <b>POMPANO BEACH, FL.</b>		27 City & State 28 <b>POMPANO BEACH, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33062</b> 25 <b>BROWARD</b>		29 <b>33062</b> 30 <b>BROWARD</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ATKISON, WESLEY E 5887 NW 66TH WAY PARKLAND FL 33067</b>		10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1060 NE 27 WAY</b> 83 84 City <b>POMPANO BEACH</b> FL 85 Zip Code <b>33062</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATKISON, JONI</b>	1.2 NAME	
STREET ADDRESS	<b>5887 NW 66TH WAY</b>	1.3 STREET ADDRESS	<b>1060 NE 27 WAY</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL. 33062</b>
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATKISON, WESLEY E</b>	2.2 NAME	
STREET ADDRESS	<b>5887 NW 66TH WAY</b>	2.3 STREET ADDRESS	<b>1060 NE 27 WAY</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	2.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL. 33062</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address.

CR2E034 (10/97)