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**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G18618 (0)INVESTMENTS AND MANAGEMENT CONSULTANT SERVICES, INC. Mailing Address Principal Place of Business 927 (A) N. 3RD ST N PO BOX 50848 JACKSONVILLE BCH FL 32250 JACKSONVILLE BCH FL 32240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2249292 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \_ \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zìo Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEAN, MILES T. 927 (A) 3RD ST N Street Address (P.O. Box Number Is Not Acceptable) JACKSONVILLE BCH FL 32250 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ DELETE Change Addition Addition TITLE 1.1 TITLE DEAN, MILES T. NAME 1.2 NAME 1301 S (1508) 1ST STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition DEAN, FAZIL D. NAME 2.2 NAME 1301 S (1508) 1ST STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE DEAN, MILES P. NAME 3.2 NAME 1301 S (1508) 1ST STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE BCH FL CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE DEAN, DIANE L. NAME 4. 2 NAME 150 BIRKDALE CT STREET ADORESS 4.3 STREET ADDRESS ALPHARETTA GA CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS