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CITY-ST-ZIP

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## 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 #

(1)

DELETE

DELETE

DELETE

REGULATED INDUSTRY CONSULTANTS, INC.

Principal Plac	e of Business	Mailing Address	· .			
766 NE 96 STREET P O BOX 530503 MIAMI SHORES FL 33138		766 NE 96 STREET P O BOX 530503 MIAMI SHORES FL 33138	P O BOX 530503		DO NOT WRITE IN THIS SE	PACE
					<ol> <li>Date Incorporated or Qualified</li> <li>01/16/1984</li> </ol>	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2372297	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 3	Countr	у	This corporation owes or has paid the curre     Personal Property Tax due June 30.	ent year Intangible Yes  No
	g, Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered A	gent
ASI	MUS, BARRY K		81	Name		
515 N.E. 101 STREET MIAMI SHORES FL 33138-2410		82	82 Street Address (P.O. Box Number is Not Acceptable)			
		83	83			
			84	City	FL.	85 Zip Code
office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida. Such change was au	thorized b	y the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	changing its registered intment as registered
SIGNATURE	Signature typed or printed name of registered agri	ont and title if applicable (NOTE:	Registered Ag	ent signature r	equired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	ASMUS, BARRY K.		1.2 NAME			
STREET ADDRESS 515 N.E. 101TH STREET 1.3 ST		1.3 STREE	T ADDRESS			
CITY+ST-ZIP	MIAMI SHORES FL		1.4 CITY-	ST-7IP		

2.1 TITLE

2.2 NAME

3 1 TITLE 3.2 NAME

4.1 TITLE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3 4. CITY-ST-ZIP

2. 4 CITY - ST-ZIP

4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 supplementar 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 procedure of trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on a fattly chiment with an address.

SIGNATURE

ASMUS, BARRY K.

MIAMI SHORES FL

515 N.E. 101TH STREET

PRESIDENT 1/30/98 (305)757-0000 BARRY K.

Addition

Addition

Change

Change

☐ Change

**FILED** 

Apr 21 1998 8:00am

Secretary of State