

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H41214** (8)

1. Corporation Name  
**O'NEILL CONSULTING & MANAGEMENT, INC.**

Principal Place of Business

**7461 N.W. 4TH STREET  
P.O. BOX 17470  
PLANTATION FL 33318**

Mailing Address

**7461 N.W. 4TH STREET  
P.O. BOX 17470  
PLANTATION FL 33318-7470**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/22/1985</b>		3a. Date of Last Report <b>04/04/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2541232</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**O'NEILL, PATRICIA E  
7461 NW 4TH ST  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, PATRICIA</b>	1.2 NAME	
STREET ADDRESS	<b>7461 N.W. 4TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director, President, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'NEILL, PHILIP</b>	2.2 NAME	
STREET ADDRESS	<b>7461 N.W. 4TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>VP</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Charles H. Gonzales</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>1419 Camino Amparo</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Earnest A. Schofield</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>6121 Carousal NW</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>J. Chris Aschenbeck</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>603 Superstition</b>
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 do 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

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.97 (505)296.4378

CP2E034 (9/96)