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 #

J84161

(5)

CONSU	ULTANTS MANAGEMENT OF	SOUTHEAST FLORID	A, INC	;		
Principal Place of Business Mailing Address						
7501 NW 4TH		7501 NW 4TH STREET	· •			
#112		#112				
PLANTÁTION	FL 83317	PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
4 5					07/24/1987	
 -	flace of Business	2a. Mailing Address				4. FEI Number Applied For
21		Suite Apl 4 ple				59-2838283 Not Applicable
Sulte, Apt.	ਜ, ਦ .ਹ:	Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred	
City & Stat	0	City & State				
23		[28]			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes IZ No
	9. Name and Address of Curren		15,54	[10. Name and Address of New Registered Agent
HERRY KIJNER				81	Name	
3731 NORTH PARK ROAD				82	Street Ac	odress (P.O. Box Number is Not Acceptable)
	LLYWOOD FL 33021		:	102	SPECIAL	todiess (P.O. Box Number is Not Acceptable)
				83		
			1	-	<u> </u>	
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				bove-	named co	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State I m familiar with, and accept the oblig	of Horida, Such change was a ations of Section 607.0505. Fl	authorize orida Stat	id by i tutes	the corpor	pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,			
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable (NOI	E : Registore	d Agent	signature re	equired when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TO	1.1 TITLE		Change Addition
NAME	ZAIDMAN, HERRY KIJNER		1.2 NAME		1	
STREET ADDRESS	3731 NORTH PARK ROAD		1.3 STREE		DDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021			ITY-ST-	ZIP	
TITLE	• • •		2111	TLE		Change Addition
NAME	ARLEN, ROBERT M.	2		2.2 NAME		•
STREET ADDRESS	8731 NORTH PARK ROAD		2.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 C	2.4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	3.1 TITLE		-]	Change Addition
NAME			3.2 NAME		1	
STREET ADDRESS			3.3 S1	TREET A	DDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		- 21P	
TITLE	☐ DELETE		4.1 TI	4.1 TITLE		Change Addition
NAME	E		4. 2 NAMF		- 1	
STREET ADDRESS	REET ADDRESS		4.3 STREET ADDRESS		DORESS	
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP	
TITLE	DELETE 5.1		5.1 Ti	TLE		Change Addition
NAME			5.2 N/	AME		
STREET ADDRESS			5.3 S1	TREET A	DDRESS	<u> </u>
CITY-\$1-ZIP			5.4 Cr	TY-ST-	ZIP	
TITLE	☐ DELETE		6.1 Tr	6.1 TITLE		Change Addition
NAME			6.2 N/	AME	j	
STREET ADDRESS '			6.3 STREET ADDRESS		DORESS	İ
					1	•

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/28/98

FILED

May 11 1998 8:00am

Secretary of State