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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # K70919 (1)

1. Corporation Name
CONSULEX CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
520 BREVARD AVENUE COCOA FL 32922	P.O. BOX 126 COCOA FL 32923-0126

3. Date Incorporated or Qualified: 02/28/1989
4. FEI Number: 59-2947517 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GREENFIELD, STEPHANIE
4635 N FRIDAY CIRCLE
COCOA FL 32926

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[ ] DELETE
NAME	GREENFIELD, STEPHANIE	
STREET ADDRESS	4635 N FRIDAY CIRCLE	
CITY-ST-ZIP	COCOA FL	
TITLE	V	[ ] DELETE
NAME	VALLANCE, CHARLES A	
STREET ADDRESS	477 PENGUIN DR	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	V	[ ] DELETE
NAME	DIVELY, ROGEST W II	
STREET ADDRESS	750 ROBIN WAY SOUTH	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[X] Change [ ] Addition
1.2 NAME	Greenfield, Stephanie	
1.3 STREET ADDRESS	4635 N. Friday Circle	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	[ ] Change [X] Addition
4.2 NAME	Greenfield, T. Kyle	
4.3 STREET ADDRESS	4635 N. Friday Circle	
4.4 CITY-ST-ZIP	Cocoa, FL 32926	
5.1 TITLE	ST	[ ] Change [X] Addition
5.2 NAME	Notardonato, Celeste N.	
5.3 STREET ADDRESS	246 Lake Shore Dr.	
5.4 CITY-ST-ZIP	Merritt Island, FL 32953	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: S. S. Greenfield Director 02/16/98 (407) 631-2150