	PORATION		L. C.	RTMENT OF STATE B. Mortham			
-	AL REPORT			ary of State			
1	1996			CORPORATIONS			
DCUN		K85614	· (1)				
		TING CONSULT	fants, inc.				
ipal Place (	of Business		Mailing Address				
P. O. BOX 1 CAPE CORA	1152 Al FL 33910		P. O. BOX 1152 CAPE CORAL FL 33	910			
					3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last F 04/11/1	Report 1995
rincipal Plac	ice of Business		2a. Mailing Address		4. FEI Number 65-0179240		Applied For Not Applicable
uite, Apt. #	t, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
ity & State			City & State		6. Election Campaign Financing Trust Fund Contribution	+	0 May Be ad to Fees
φ	25	untry	Zip 29	Country 30		ies 🔲 No	s 199.032,
	9. Name and Ac	dress of Current Re	egistered Agent	81 Name	10. Name and Address of New	Registered Agent	
3801 C	ANTHONY COUNTRY CLUB I				iress (P.O. Box Number is Not Accept	able)	
				83			
CAPE (	CORAL FL 33904					les 7	In Code
Pursuant to	o the provisions of S	ections 607.0502 and	Such change was authoria	84 City tes, the above-named corporation's box	pration submits this statement for the p ard of directors. I hereby accept the ap	FL	registered offici d agent. I am
Pursuant to or registere familiar with	o the provisions of S ed agent, or both, in h, and accept the ol	ections 607.0502 and the State of Florida. S pligations of, Section I ame of registered agent and	Such change was authorit 607.0505, Florida Statute: litle if applicable.	B4     City       tes, the above-named corporation's box     corporation's box       scillable     corporation's box       0TE     Registered Agent sonature require	and of directors. I hereby accept the ap	PL purpose of changing its poointment as registere	registered offi d agent. I am
Pursuant to or registere familiar with	o the provisions of S ed agent, or both, in h, and accept the of Styriature typed or printed DP	ections 607.0502 and the State of Florida. S aligations of, Section I ame of registered agent and I OFFICERS AND D	Such change was authorit 607.0505, Florida Statute: litle if applicable.	<b>84</b> City tes, the above-named corporation's box s.	ard of directors. I hereby accept the ap	PL purpose of changing its poointment as registere	registered offi o agent. I am ORS IN 12
Pursuant to or registere familiar with vATURE	o the provisions of S ed agent, or both, in h, and accept the of Statistics typed or partied DP PALAZZO, V	ections 607.0502 and the State of Florida. S oligations of, Section I ame of registered agent and I OFFICERS AND D NCENT	Such change was authori: 607.0505, Florida Statute: Ine if applicable. N IRECTORS	B4     City       tes, the above-named corporation's box     corporation's box       2016: Registered Agent sociative require     13.       1.1 TifLE     1.2 NAME	and of directors. I hereby accept the ap	DATE DATE DATE DATE DATE DATE DATE	registered offi o agent. I am ORS IN 12
Pursuant to or registere familiar with NATURE	o the provisions of S d agent, or both, in th, and accept the of Signature typed or prated DP PALAZZO, VI 3801 COUN	ections 607.0502 and the State of Florida. S oligations of, Section I ame of registered agent and OFFICERS AND DI NCENT IRY CLUB BLVD.	Such change was authori: 607.0505, Florida Statute: Ine if applicable. N IRECTORS	84     City       tes, the above-named corporation's box     corporation's box       OTE     Registered Agent signature require       13.     1.1 TIFLE       1.2 NAME     1.3 STREET ADDRESS	and of directors. I hereby accept the ap	DATE DATE DATE DATE DATE DATE DATE	registered offi o agent. I am ORS IN 12
Pursuant to or registere familiar with vATURE st ADORESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the ol Signature typed or protect PALAZZO, M 3801 COUN CAPE CORA DST	ections 607.0502 and the State of Florida. S oligations of, Section I ame of registered agent and OFFICERS AND DI NCENT IRY CLUB BLVD. L FL	Such change was authori: 607.0505, Florida Statute: Ine if applicable. N IRECTORS	B4     City       tes, the above-named corporation's box     corporation's box       2016: Registered Agent sociative require     13.       1.1 TifLE     1.2 NAME	and of directors. I hereby accept the ap	DATE DATE DATE DATE DATE DATE DATE	registered offi o agent. I am ORS IN 12
Pursuant to or registere familiar with VATURE STADORESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the of Signature typed or printed PALAZZO, V 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN	ections 607.0502 and the State of Florida. S oligations of, Section I arme of registered agent and I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD.	Such change was authori: 607.0505, Florida Statute ine if applicable. N IRECTORS	B4     City       tes, the above-named corporation's box     corporation's box       corporation's solution's box     corporation's box       13.     1.1 TitLE       1.2 NAME     1.3 STREET ADDRESS       1.4 City-ST-ZiP     corporation's box	and of directors. I hereby accept the ap	FL purpose of changing its ppointment as registere DATE FFICERS AND DIRECT Change	registered offi of agent. I am ORS IN 12
Pursuant to or registere familiar with NATURE ELADORESS ST-ZIP ELADORESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the of Stgnature typed or partied DP PALAZZO, V 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA	ections 607.0502 and the State of Florida. S oligations of, Section I arme of registered agent and I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD.	Such change was authori: 607.0505, Florida Statute: IRECTORS DELETE DELETE	B4     City       tes, the above-named corporation's box     corporation's box       0TE     Registered Agent sociative require       13.     1.1 TifLE       1.2 NAME     1.3 STREET ADDRESS       1.4 City-ST-ZiP     2.1 TifLE       2.3 STREET ADDRESS     1.4 City-ST-ZiP       2.1 TifLE     2.3 STREET ADDRESS       2.4 City-ST-ZiP     2.4 City-ST-ZiP	and of directors. I hereby accept the ap	FL purpose of changing its ppointment as registere  DATE FFICERS AND DIRECTI Change Change	registered offin d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with VATURE STADORESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the of Signature typed or printed PALAZZO, V 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN	ections 607.0502 and the State of Florida. S oligations of, Section I ofFICERS AND DI NCENT IRY CLUB BLVD. L FL fONY IRY CLUB BLVD. L FL	Such change was authori: 607.0505, Florida Statute ine if applicable. N IRECTORS	B4 City   tes, the above-named corporation's box   cad by the corporation's box   0TE: Registered Agent sociative require   13.   1.1 TIFLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TIFLE   2.2 NAME   2.3 STREET ADDRESS	and of directors. I hereby accept the ap	FL purpose of changing its ppointment as registere DATE FFICERS AND DIRECT Change	registered offin d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with vATURE st ADORESS ST-ZIP T ADDRESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authori: 607.0505, Florida Statute: IRECTORS DELETE DELETE	B4 City   tes, the above-named corporation's box   cad by the corporation's box   01E   Registered Agent sociative require   13.   1.1 TifLE   1.2 NAME   1.3 STREET ADDRESS   1.4 City-ST-ZiP   2.1 TiTLE   2.2 NAME   2.3 STREET ADDRESS   2.4 City-ST-ZiP   3.1 TifLE	and of directors. I hereby accept the ap	FL purpose of changing its ppointment as registere  DATE FFICERS AND DIRECTI Change Change	registered offin d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Stgnature typed or partied PALAZZO, V 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authori 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box   sci by the corporation's box   0TE: Registered Agent signature require   13.   1.1 TIFLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TIFLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TIFLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	FL	registered offin d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with NATURE S 1 ADORESS ST-ZIP 1 ADDRESS ST-ZIP 1 ADDRESS ST-ZIP	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authori: 607.0505, Florida Statute: IRECTORS DELETE DELETE	B4 City   tes, the above-named corporation's box   scillar   11   12   13   1.1   11   12   13   13   14   13   14   17   15   16   17   18   19   11   11   12   13   14   17   17   18   19   11   11   12   13   14   17   15   16   17   18   19   11   11   11   11   11   11   11   12   13   14   17   17   18   18   19   11   11   11   11   11   11   11   12   11	and of directors. I hereby accept the ap	FL purpose of changing its ppointment as registere  DATE FFICERS AND DIRECTI Change Change	registered offin d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with VATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authori 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box   sci by the corporation's box   0TE: Registered Agent signature require   13.   1.1 TIFLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TIFLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TIFLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	FL	registered offi d agent. I am ORS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box   cel by the corporation's box   3.   1.   1.   1.1   1.2   1.3   1.3   1.4   1.3   2.1   1.1.1   2.2   2.1   1.1   2.2   2.1   1.1   1.1   1.1   2.2   2.3   3.1   1.1   3.3   3.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1	and of directors. I hereby accept the ap	FL	registered offi d agent. I am OFIS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authori 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box   cad by the corporation's box   201E Registered Agent sectors's box   13. 1.1 TifLE   12. NAME   13.STREET ADDRESS   14 CITY-ST-ZIP   2.1 TIFLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TifLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TIFLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   5.1 TIFLE	and of directors. I hereby accept the ap	FL	registered offi d agent. I am OFIS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE	B4     City       tes, the above-named corporation's box s.     City       OTE: Pagetered Agent security require 13.     1.1 TifLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITy-ST-ZIP     2.1 TIFLE       2.1 TIFLE     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TiFLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     3.1 TiFLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TIFLE       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TIFLE     5.2 NAME       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TIFLE     5.2 NAME	and of directors. I hereby accept the ap	FL	registered offi d agent. I am OFIS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE	B4     City       tes, the above-named corporation's boxs.     OTE: Pagetered Agent sectors is corporation's box sectors is a sector of the sector is positive requirement is structure requirement is structure requirement is structure requirement is structure and the sector is sectors in the sector is secto	and of directors. I hereby accept the ap	FL	registered offi d agent. I am OFIS IN 12 Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE	B4     City       tes, the above-named corporation's box s.     City       OTE: Pagetered Agent security require 13.     1.1 TifLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITy-ST-ZIP     2.1 TIFLE       2.1 TIFLE     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TiFLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     3.1 TiFLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TIFLE       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TIFLE     5.2 NAME       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TIFLE     5.2 NAME	and of directors. I hereby accept the ap	FL	registered offic of agent. I am OffS IN 12 Addition Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE DELETE	B4     City       tes, the above-named corporation's boxs.     DTE Registered Agent sectors in social sectors in a sector is positive requirements       13.     1.1 TifLE       12.     1.1 TifLE       13.     1.1 TifLE       13.     1.1 TifLE       13.     1.1 TifLE       13.     1.1 TifLE       12.     1.1 TifLE       13.     1.1 TifLE       21.     1.1 TifLE       22.     NAME       23.     STREET ADDRESS       24. CITY-ST-ZIP     3.1 TifLE       32.     NAME       33.     STREET ADDRESS       34. CITY-ST-ZIP     4.1 TITLE       4.1 STREET ADDRESS     4.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	FL	registered offin of agent. I am OFIS IN 12 Addition Addition Addition
Pursuant to or registere familiar with	o the provisions of S ed agent, or both, in th, and accept the of Standard typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT IRY CLUB BLVD. L FL IONY IRY CLUB BLVD. L FL AT EAN DR.	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box s.   OTE Registered Agent sectors box s.   11. 1.1 TIFLE   12. 1.1 TIFLE   13. 1.1 TIFLE   13. 1.1 TIFLE   12. 2.1 TIFLE   2.1 TIFLE 2.2 NAME   2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   3.1 TIFLE 3.2 NAME   3.3 STREET ADDRESS 3.4 CITY-ST-ZIP   3.1 TIFLE 3.2 NAME   3.3 STREET ADDRESS 3.4 CITY-ST-ZIP   4.1 TIFLE 4.2 NAME   4.3 STREET ADDRESS 3.4 CITY-ST-ZIP   5.1 TIFLE 5.2 NAME   5.3 STREET ADDRESS 5.3 STREET ADDRESS   5.4 CITY-ST-ZIP 5.1 TIFLE   5.3 STREET ADDRESS 5.4 CITY-ST-ZIP   6.1 TIFLE 5.2 NAME   6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	FL	registered offic of agent. I am OffS IN 12 Addition Addition
Pursuant to or registere familiar with NATURE	o the provisions of S ed agent, or both, in th, and accept the of Statisture typed or partied DP PALAZZO, VI 3801 COUN CAPE CORA DST PUNZI, ANTI 3801 COUN CAPE CORA DV STORINO, P 1201 S. OCI HOLLYWOO	ections 607.0502 and the State of Florida. S oligations of, Section I OFFICERS AND DI NCENT TRY CLUB BLVD. L FL HONY TRY CLUB BLVD. L FL AT EAN DR. D FL	Such change was authoris 507.0505, Florida Statute IRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	B4 City   tes, the above-named corporation's box s.   OTE: Registered Agent sectors box s.   13. 1.1 TIFLE   12. NAME   13.STREET ADDRESS   14.CITY-ST-ZIP   2.1 TIFLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TIFLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.1 TIFLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TIFLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   5.1 TIFLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.1 TIFLE   5.2 NAME   6.3 STREET ADDRESS   5.4 CITY-ST-ZIP   6.1 TIFLE   6.2 NAME   6.3 STREET ADDRESS   6.4 CITY-ST-ZIP   6.1 TIFLE   6.3 STREET ADDRESS   6.4 CITY-ST-ZIP   6.1 TIFLE   6.3 STREET ADDRESS   6.4 CITY-ST-ZIP	and of directors. I hereby accept the ap		registered offic of agent. I am OFIS IN 12 Addition Addition Addition