FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L19143

(1)

MCLAUGHLIN CONSULTING SERVICES, INC.

Principal Place of Business 900 GULF BLVD.. #303 INDIAN ROCKS BEACH FL 34635

Mailing Address

900 GULF BLVD., #303 INDIAN ROCKS BEACH FL 34635



					3. Date Incorporated or Qualified	3a. Date of Last Report	
Principal Place of Business 2a. Mailing Address					09/26/1989 4. FEI Number	04/17/1995	
	-					Applied For	
21 Suita Act	26				59-2973042	Not Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required	
City & State City & State					6. Election Campaign Financing	55.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30		Florida Statutes 🔲 Yes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
MCLAUGHILIN, R. BRUCE 900 GULF BLVD #303 INDIAN ROCKS BEACH FL 34635				City WA	ess (PO Yox Number is Not Acceptable	FL 85 Zip Code 3463	
or registere familiar wit	o the provisions of Sections 607.0502 and agent, or both, in the State of Florin, and accept the obligations of, Sections of S	ila, Suct. change was authorize ion 607.0505, Florida Statutes	d by the con	-named corpor poration's boar -resultative require	ation submits this statement for the purp rd of directors. Thereby accept the appo	sose of changing its registered office intment as registered agent. I am	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
THILE	D	☐ DELETE 1.1				☐ Change ☐ Addition	
NAME	MCLAUGHLIN, R. BRUCE		1.2 NAME				
STREET ADDRESS	DORESS 900 GULF BLVD #303			T ADDRESS			
CITY - ST - ZIP			14 C/TY - \$1 - 2/P				
TITLE			2 1 T ILE			Change Addition	
NAME			2.2 NAME	į		Addition	
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP							
TITLE	DELETE		3 1 TIFLE		r Manager	Change Addition	
NAME	_		3 2 NAME			Change Magnini	
STREET ADDRESS							
				ET ADDRESS			
CITY - ST - ZIP TITLE			3.4.0019		4 to a contract of the contrac		
NAME		- Deteri	4 1 HILE			Change Addition	
			4.2 NAME				
STREET ADDRESS				T ADDRESS		į	
CITY-ST-ZIP		T DECETE	4.4.011Y	ST-ZIP			
TITLE		☐ DELFTE	5 1 TITLE			Change Addition	
NAME			5 2 NAME				
STREET ADDRESS			53STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE	DELETE 6 1		6 1 THILE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63STRE€	T ADDRESS			
CITY - ST - ZIP			6.4 CITY-	ST- Z-P			
14. Ldo hereby	certify that the information supplied	with this filmous voluntarily furnis	hed and dos	es not qualify for	or the exemption stated in Section 119.0	(7/2)/A Florida Statutos I further	

4. Too nereoy certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this arinual 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 trusted 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

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