## 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

Principal Place of Business

SIGNATURE:

DOCUMENT # L2906

(7)

Mailing Address

RANCE CONSULTING CORP.

NAME CONSULTING COM



407-272.0162

Eligania Stone #

4505SOUTH OCEAN HWY HIGHLAND BEACH FL 33487			7491-C5 NO. FEDERAL HWY BOCA RATON FL 33487							
						3. Date incomprated or Qualifie	3a.	Date of Jack Re 08/10/19	95 95	
2. Principal Plac	e of Business	2a. Mailing Ad	. Mailing Address			4. FEI Number 65-0179612	—- <del>-</del>	Α	φplied For	
21		26				03-0179012			lot Applicable	
Suite, Apt. #,	etc.	Suite Apt.	Suite Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		<b></b>	City & State			6. Election Campaign Financing		,	May Be	
Zo Counts		28				Trust Fund Contribution			to Fees	
Zip 24	Country 25	Ζιρ <b>29</b>	h	30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	g. Name and Address of Cu					10. Name and Address of New			·,···	
				81	Nanic					
RANCE,				82	Street	Address (P.O. Box Number is Not Accep	table)			
7491-C5 NO.FEDERAL HWY				Diffeet Abditeds (1.0. E.e., 1.0.						
#279				83						
BOCA F	RATON FL 33487			64	City			<b> 85</b> Zıç	Code	
					,	orporation submits this statement for the		┝┖╴┆		
SIGNATURES	, and accept the obligations of,	agera diberbajak abi	gart Righter	ا مها	a egilatore o	ADDITIONS OF LANGES TO C	DA		DO IN 16	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FICERS	AND DIRECTO	Adotton	
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NAME Otors I Doorse	7491-C5 N.FEDERAL HI	NY #279	121		LADDRESS					
STREET ADDRESS	<b>BOCA RATON FL 3348</b>				ST-ZIP					
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NAME		2.2	22 N	AME				_	- •	
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STREET ADDRESS					: ADDRESS					
CITY - S1 - ZIP		deal of the Body Alexander 1			ST ZIP	oth for the expension stated in Cost on 1	10 07/2/4	Li Florido Ctoti d	tac I further	
certify that oath; that I	the information indicated on this	annual report or supplementation of the receive	mental annual report er or trustee en powa	is tri	ue and ar	al fy for the exemption stated in Section in accurate and that my signature shall have te this report as required by Chapter 607	tne same	llegal effect as d	l made under	

WHILE THE OF PRINTED NAME OF STONING OFFICER OR DIRECTOR JEON ROME