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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L29064

(7)

RANCE CONSULTING CORP.

Principal Place of Business Mailing Address 7491-C5 NO. FEDERAL HWY 4505SOUTH OCEAN HWY HIGHLAND BEACH FL 33487 **BOCA RATON FL 33487** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1989 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0179612 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip 8. This corporation has liability for injungible tax under s. 199.032, Florida Statutes 🗹 Yes 🔲 No 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RANCE, JEAN 7491-C5 NO.FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) #279 83 **BOCA RATON FL 33487** City Zip Code 84 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 life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ___ Change Addition 1.1 TITLE TITLE RANCE, JACK NAME 1.2 NAME 7491-C5 N.FEDERAL HWY #279 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY - ST - ZIP DITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TELE RANCE, JEAN NAME 2.2 NAME 7491-C5 NORTH FEDERAL HIGHWAY #279 STREET ADORESS 2.3 STREET ADDRESS **BOCA RATON FL** CHTY-S1-ZIE 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS COY-ST-ZIE 3.4. CITY - ST- ZIP ☐ Change Addition DELETE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIE 14. Ido 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 ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 131 changed, or on an adactment with an address.

COURED Toon Romer President 4/28/97 (66) 272-0162

FILED
May 09 1997 8:00am
Secretary of State