FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L86078

(7)

CON	ISULTANCY, INC.					
Principal Pla	ace of Business	Mailing Address				ABIN BURN BURN DIRIN BURN BURN NORM
3116 N. FEDERAL HWY STE. #303 LIGHTHOUSE FL 33064		P O BOX 50069 LIGHTHOUSE PT FL 33074 US		DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified	
2. Princinal	Place of Business	2a. Mailing Address			07/05/1990 4. FEI Number	Applied For
21		26		65-0208926	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	CO 75 Address of	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution	
24	25	29	30		 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
	9, Name and Address of Curr		14-01		10. Name and Address of New Registe	
	ROLLINS, JUDITH L		81	Name		
	2005 NE 32ND CT		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	LIGHTHOUSE PT FL 33064					
			[83]			
			84	City		FL 85 Zip Code
office or	r regist ered agent, or bolh, in the Sta am fa miliar with, and accept the obl	te of Florida, Such change was egations of, Section 607,0505, F	authorized by lorida Statutes	the corpora	poration submits this statement for the purpo tion's board of directors. I hereby accept the	e appointment as registered
10	Signature, typed or printed many of registered a	gent rod blic stapposable (NO ND DRECTORS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nt signature requi	rod when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ROLLINS, JUDITH L.		1.2 NAME			LL change Ll change
STREET ADDRESS	ASSE ME SAME OF		1.3 STREET	ADDRESS		
CiTY-ST-ZIP	LIGHTHOUSE PT FL		1 4 CITY-SI	r- 7IP		
TITLE		DELETE 2				Change Addition
NAME			22 NAME			
STREET ADDRESS	S		2 3 STREET	ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP			
TITLE			31 TITLE			Change Addition
NAME OTREET ADORESE	.		3.2 NAME	*000000		
STREET ADDRESS	`		3.3 STREET	,		
CITY+ST-ZIP TITLE	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS	•	
CITY-ST-ZIP			4.4 CITY - ST			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5 2 NAME	1		ı
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST	I - ZIP		
TITLE		DELETE	6 1 TATLE			Change Addition
NAME			6.2 NAME			!
STREET ADDRESS	6		6.3 STREET			
CITY-ST-ZIP			6.4 CITY-ST	- ZIP [+

14. Thereby certify that the information supplied with this filling 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 prior or supplience at a qualify port 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 reportation or the receives of 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 altrachmost with an another.

SIGNATURE:

CR2E034 (10/97)

FILED

May 21 1998 8:00am

Secretary of State