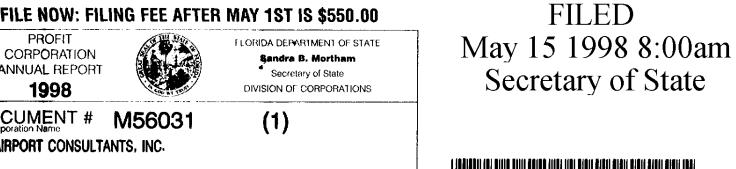
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



	MENT # M5603 RT CONSULTANTS, INC.	1 (1)			
Principal Plac	e of Business	Mailing Address		- CONTANT. COL BILLO BLIST BOTTO 19141 1161 BIBIL BI	IBM BIBM BIBM BIBM BIBM IBBM
6751 FORUM	I DR	6751 FORUM DR			
240		240		DO MOT MODITE IN THIS	00105
ORLANDO F	L 32621	ORLANDO FL 32821 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
00		00		·	
2. Principal P	lace of Business	2a. Mailing Address		07/23/1987 4. FEI Number	Applied For
21		26		65-0022443	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25 9. Name and Address of Current	29 Registered Apont	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	LLMAN-WALLER, LOUIS M., ESQ.	negistered Agent	81 Name	10, Name and Address of New Registered	Agent
SI	11 PO NCE DE LEON BLVD. JIT E 5 02 D RÁL GABLES FL 33134		83	ress (P.O. Box Number is Not Acceptable)	
			B4 City	FI	85 Zip Code
SIGNATURE	Signature, typed or period name of registered agent OFFICERS AND	and trie if applicable (NC	OTE Registered Agent signature req. 13.	poration submits this statement for the purpose attor's board of directors. I hereby accept the application of the purpose attoring to the purpose attoring to the purpose attoring to the purpose attoring to the purpose at the purpose at the purpose attoring to the purpo	
TITLE	PSD	DELFTE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	HILLMAN-WALLER, EDUARDO		1.2 NAME		En change En received
STREET ADDRESS	7270 NW 12 ST STE 875		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City - S1 - ZIP		
TALE	VTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	Birk, ronald f.		2.2 NAME		
STREET ADDRESS	6751 FORUM DR, STE 875		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP		TT Assess	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		L_] Change L Addition
NAME OTREST			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP 51 Title	<u> </u>	☐ Change ☐ Addition
NAME		L. Ottell	5.2 NAME		C among C variation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		, <u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I 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 of 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 convertion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachated with an address.

A-18.90

422.29141111