FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:53

DOCUMENT # P18296 (4)

1. Corporation Name
EXPERIENCED BUSINESS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6274 CRANBERRY LN E JACKSONVILLE FL 32244	6274 CRANBERRY LN E JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1988
3a. Date of Last Report: 06/21/1994

4. FEI Number: 13-3790570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5200 N. Ocean Dr	26 c/o S.P. Blank PC
22 Suite, Apt. #, etc. Apt. 19B	27 Suite, Apt. #, etc. Apt A 910
23 City & State Singer Island FL	28 City & State N Y NY
24 Zip 33404 25 Country USA	29 Zip 10021 30 Country USA

9. Name and Address of Current Registered Agent

BLANK, MILDRED
5200 NORTH OCEAN DR.
APT. 19B
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

01 Name: Stephen BLANK
02 Street Address (P.O. Box Number is Not Acceptable): 5200 N Ocean Blvd.
03: Apt 19B
04 City: Singer Island FL 05 Zip Code: 33404

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: Stephen Paul Blank 2/7/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTD ☒ Change ☐ Addition
NAME	BLANK, MILDRED	12 NAME	Stephen P
STREET ADDRESS	5200 N. OCEAN DR. 19B	13 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver or 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 changed, or on an attachment with an asterisk.

SIGNATURE: Stephen Paul Blank 2/7/95 407-457-5225
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0407310 FP