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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25432

(6)

MIDLAND CONSULTANTS, INCORPORATED

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**FILED** 

May 02 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address				4 480 (1841 118 4128) Willia minne ilitia (181 418) 4 184 8 1811 8 1811 8 1811 8 1811 8 1811			
2831 E. VINA DEL MAR ST. PETERSBURG BEACH FL 33706 US		2931 - E VILLA DEL MAR ST PETERSBURG FL 33706 US							
••		•				3. Date Incorporated or Qualified 07/26/1989		of Last f /1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				42-1275249		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			5. Certificate of Status Desired		Fee R	equired	
City & State	6	City & State			6. Flection Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zφ	Col	untry		8. This corporation has fiability for it	ntangible t	ax under s	s. 199.032,
24	25	29	30			Florida Statutes	Yes 🗓	410	
	9. Name and Address of Curren	t Registered Agent		Ι		10. Name and Address of New Re	istered A	gent	
HOU	Lihan, Dean V.			81	Namo				
2931 E. VINA DEL MAR					Street Add	ress (P.O. Box Number is Not Acceptab	e)		<del></del>
	ETERSBURG BEACH FL 33706		82 Street A			1033 (1.0. Box No moor is Not Acceptab	c,		
				83					
								1. 1 -	
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida	Statutes, the a	above	-named corp	poration submits this statement for the p	urpose of a	changing i	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Horida, Such change	was authorize	ed by	the corpora	tion's board of directors. I hereby accept	the appo	intment as	registered
. •	m lamiliar with, and accept the oblige	Moris of, Section 607.03	OO, 1 IOHOA Ota	nuico.					ĺ
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable.	(NOTE Registers	ed Agen	nt signature requi	red when reinslating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PD	☐ DELF	1.1 T	mt.				Change	Addition
NAME	HOULIHAN, DEAN V.		1.2 N	IAME					ĺ
STREET ADDRESS	2931 E. VINA DEL MAR				ADDRESS				
CITY-ST-ZIP	OT PETEROPURO PEACU		OITY-ST	ì				1	
TITLE	S	DELE						Change	Addition
NAME	HALFILLAN LANDAMIE		2.2 N				•		
	2931 E. VINA DEL MAR				ADDRESS				
STREET ADDRESS	ST. PETERSBURG BEACH				1				1
CITY-ST-ZIP TITLE	OI. TETERIODORIO DEPICIT	DELF		CITY - SI	1- 201		····	Change	Addilion
		ل مردر					L	Ti Arraniae	☐ Monio I
NAME			3.2 tN		1000000				
STREET ADDRESS	······································				ADDRESS				
CITY-ST-ZIP		- Drie		CITY - ST	1 · ZIP		···	Channe	Addition
TALE		Ĺ DELE					ι	Change	Addition
NAME				NAME					
STREET ADDRESS	li		4.3 \$	STREET A	ADDRESS				
CITY-ST-ZIP				011Y-S1	-2IF				
TITLE		☐ DELE	DELETE 5.1		}		į	Change	∐ Addition
NAME			5.2 N	NAME					
STREET ADDRESS			5.3 \$	STREET A	ADDRESS				
CITY-ST-ZIP	<u> </u>		54	DITY-SI	-ZIP				
TOTLE		☐ DELE	TE 61 I	IITLE				Change	Addition
NAME			6.2 N	NAME					
STREET ADDRESS			6.3 5	STREET A	ADDRESS				1
CITY-ST-ZIP	· · ·		6.4 0	CAY-ST	- 2(P				

14. I do 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 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 18 if changed, or on an attachment with an address.

CICNATURE

MANNA POOL S Pin III Check

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811-360-4445