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CORPORATION ANNUAL REPORT



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

1996

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ncipal Place	ONSULTANTS, INC COLO Of Business RNIA STREET ISCO CA 94111	Mailing A	Address ALIFORNIA STRE						
V-117 117111VI	30 30 VIII	0				3. Date incorporated or Qualit 06/03/1991		te of Last R 03/27/19	
Pancipal Pla	ice of Business	and the same	ng Address			4. FEI Number	-		Applied For
Suite, Apt #	a oto	26 Suite	, Apt. #, etc.			84-0466054			Not Applicable Additional
odice, Mpt. #	1, 010.	27	, , 4/1, 010.			5. Certificate of Status Desire	o 🗆		Required
City & State		City &	& State			6. Election Campaign Financia Trust Fund Contribution	ng 🔲		O May Be d to Fees
2 ₁ p	Country	Zip		Cour	ntry	8. This corporation has liability		tax under s	199.032,
	9. Name and Address of Current	29 t Registered	Agent	30]		Florida Statutes 10. Name and Address of N	Yes X No	Agent	
	g. Hallic and Address of Culterin		8-111		81 Name				
CT COF	RPORATION SYSTEM				82 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
1200 S. PINE ISLAND ROAD									
PLANTA	ATION FL 33324			1	83				
				Ī	84 City		F	85 Z	p Code
or registere familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	' and 607.1508 da. Such chan ion 607.0505,	8, Florida Statute ge was authorize Florida Statutes.	es, the aboved by the co	re-named corporporation's bo	oration submits this statement for the lard of directors. I hereby accept the	e purpose of c appointment a	nanging its i as registered	registered offici d agent. I am
familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Social Signature, typical or printed has a of registered agent & OFFICERS AND	and litter tapple, and	Florida Statutes.			oration submits this statement for the and of directors. Thereby accept the red when renstating! ADDITIONS/CHANGES TO	DATE	ID DIRECTO	DRS IN 12
familiar wit	th, and accept the obligations of, Social Styletims typed to printed hand of repetited agond a OFFICERS AND ASS	and litter tapple, and	Florida Statutes.	It Registered / 13.	Agent signature requi	red when reinstating)	DATE	. <u></u>	
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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)(k). 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 cath, 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 address.

Carol Brummerstedt