## 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 # P93000002212 (7)

FIRST NATIONWIDE CONSULTANTS INC.

Principal Place of Business

Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



2. Principal Place of Business 2. Additional Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Additional Place of Business 3. Date Incorporated or Qualified 01/07/1993 4. FEI Number 59-3162319   Applied For 59-3162319   Not Applied For 59-3162319   Not Applied For 59-3162319   Suite, Apt. #, etc.
2. Principal Place of Business
21 Suite, Apt. #, etc.   Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Society   State   City & State   Country   Country   Country   Country   City
City & State  Country  Country  Country  Country  Country  Country  Country  Solution and Address of Current Registered Agent  THADEN, MYRON  12256 PARK AVENUE  WINDERMERE FL 34786  B1 Name  S2 Street Address (P.O. Box Number is Not Acceptable)  Fee Required  Fee Required  Fee Required  For Required  Fee Required  Fee Required  For Added to Fees  S.00 May Be Added to Fees  Added to Fees  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
23
Zip 25
24 25 29 30 Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No
THADEN, MYRON 12256 PARK AVENUE WINDERMERE FL 34786  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Refer Address of New Registered Agent  84 City  FL  85 Zip Code  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 City  FL  87 Size Code  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  88 Signature  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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.  89 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. TITLE  16. PS  17. TITLE  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. AD
THADEN, MYRON 12256 PARK AVENUE WINDERMERE FL 34786  82 Street Address (P.O. Box Number is Not Acceptable)  83
12256 PARK AVENUE WINDERMERE FL 34786  82 Street Address (P.O. Box Number Is Not Acceptable)  83    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 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  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PS
WINDERMERE FL 34786  83  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE, Registered Agent signature required when reinstating)   DATE
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PS  THADEN, MYRON  12256 PARK AVENUE  WINDERMERE FL  13 STREET ADDRESS  CITY-ST-ZIP  WINDERMERE FL  14 City  FL  85 Zip Code  15 City  FL  85
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. 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  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PS  THADEN, MYRON  12. THADEN, MYRON  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THADEN, MYRON  12. STREET ADDRESS  CITY-ST-ZIP  WINDERMERE FL  14. CITY-ST-ZIP
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)   12.
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)   12.
Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PS  THADEN, MYRON  12 NAME  STREET ADDRESS  CITY-ST-ZIP  WINDERMERE FL  (NOTE. Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LA DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LA DITIONS/CHA
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PS
TITLE         PS         DELETE         1.1 TITLE         Change         Addition           NAME         THADEN, MYRON         12 NAME         12 NAME         12256 PARK AVENUE         13 STREET ADDRESS         WINDERMERE FL         14 CITY-ST-ZIP         14 CITY-ST-ZIP         14 CITY-ST-ZIP         14 CITY-ST-ZIP         14 CITY-ST-ZIP         15 CHANGE         15 CHANGE         15 CHANGE         15 CHANGE         16 CHANGE         16 CHANGE         16 CHANGE         17 CHANGE         17 CHANGE         17 CHANGE         17 CHANGE         17 CHANGE         17 CHANGE         18 CHANGE </td
NAME         THADEN, MYRON         12 NAME           STREET ADDRESS         12256 PARK AVENUE         13 STREET ADDRESS           CITY-ST-ZIP         WINDERMERE FL         14 CITY-ST-ZIP
STREET ADDRESS  12256 PARK AVENUE  1.3 STREET ADDRESS  CITY-ST-ZIP  WINDERMERE FL  1.4 CITY-ST-ZIP
CITY-ST-ZIP WINDERMERE FL 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-SI-ZIP 3.4. CITY-SI-ZIP
TITLE DELETE 4,1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
###
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.4 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 applied of supplied and the same level of force of freedometric and that the same level of force of freedometric and that the same level of force of freedometric and that the same level of force of freedometric and that the same level of force of freedometric and that the same level of force of freedometric and that the same level of freedometric and the same level of

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 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 appears in the 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 appears of the supplemental annual report is true and accurate the supple

SIGNATURE:

HALL WIRE

1/2/18 407876 6015