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PROFIT CORPORATION **ANNUAL REPORT**

1998

Block 12 or Block 18



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300007967 (1)

DICK MCGILL INTERNATIONAL BUSINESS CONSULTANTS, INC.

FILED Jan 29 1998 8:00am Secretary of State

(10/97



Principal Place of Business Mailing Address 155 OCEAN LANE DR 155 OCEAN LANE DR **UNIT 813 UNIT 813** KEY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE **KEY BISCAYNE FL 33149** 3. Date Incorporated or Qualified 02/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0385612 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 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 current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALA, ROSEMARY A 104 CRANDON BLVD #302 82 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 63 84 City 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 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MCGILL, RICHARD F NAME 1.2 NAME 155 OCEAN LANE DR #813 STREET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 1ITLE ___ Addition Change MCGILL, LILIANE J NAME 2.2 NAME 155 OCEAN LANE DR #813 STREET ADDRESS 2.3 STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 THEF Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 raport or supplemental annual report strue 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 dorperation or the receiver or trustee elipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in