


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

FILED

Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029803 (2)

1. Corporation Name

J & L CONSULTING SERVICES, INC.

Principal Place of Business

16040 LOCH KATRINE TRAIL  
APT 7806  
DELRAY BEACH FL 33446  
US

Mailing Address

1561 S CONGRESS AVE  
BOX 175  
DELRAY BEACH FL 33445  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number

65-0407669

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHERER, KENNETH  
C/O GORMAN & SCHERER, P.A.  
618 US HIGHWAY ONE, SUITE 303  
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

GLENN E. GROMANN, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

439 N. E. 7TH AVENUE

83

84 City

FT. LAUDERDALE

85

Zip Code

33301

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 to be 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

GLENN E. GROMANN, ESQ

(NOTE: Registered Agent signature required when reinstating)

3/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAZZINI, THERESA	
STREET ADDRESS	7431 VICTORY LANE, UNIT 9003	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMPARIELLO, SHEILA	
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806	
CITY-ST-ZIP	DELRAY BCH FL	

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LAMPARIELLO, LARRY A	
STREET ADDRESS	16040 LOCH KATRINE TRL, UNIT 7806	
CITY-ST-ZIP	DELRAY BCH FL	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	FAZZINI, GERALD P	
STREET ADDRESS	7431 VICTORY LN, UNIT 9003	
CITY-ST-ZIP	DELRAY BCH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

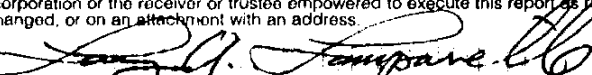
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an address.

SIGNATURE:



3-12-98

361-637-2424

CR25034 (10/97)