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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036251 (5)

FIRST COMMONWEALTH CONSULTANTS, INC.

FILED Mar 09 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address				
2023 N ATLANTIC AVE. #253 COCOA BEACH FL 32931 US COCOA BCH FL 32931 US COCOA BCH FL 32931 US					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
		00			05/19/1993	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-3185550	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.	·····	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	· · · · · · · · · · · · · · · · · · ·		8. This corporation owes or has paid the current year Intangible	
24	25 g. Name and Address of Currer	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
-		ir magistered whatir	61	Namo	10. Hame and wadness of New Legisters	w whole
	VARTSEL, VERNON		100	THUTTED		
% CARLTON, FIELDS 255 SOUTH ORANGE AVENUE, SUITE 1600			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	RLANDO FL 32801		83		· · · · · · · · · · · · · · · · · · ·	
			84	City	F	85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Horida, Such change	was authorized b	y the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agr	ent and their if applicable	(NOTE: Registered Ac	ent signature requi	red when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP\$	☐ DELET	E 1.1 TITLE			Change Addition
NAME	Burke, denise e		1.2 NAME	1		
STREET ADDRESS	2023 N. ATLANTIC AVE., STI	E. 253	1.3 STREE	T ADDRESS		I
CITY-ST-ZIP	COCOA BEACH FL 32931	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-	ST-ZIP		
TITLE	DVPT	☐ DECET				Change Addition
NAME	BURKE, WILLIAM E	050	2.2 NAME			
STREET ADDRESS	2023 N ATLANTIC AVE. STE	203		T ADDRESS		
CITY+ST-ZIP TITLE	COCOA BEACH FL 32931	DELET	2.4 CITY- E 3.1 TITLE	SI - ZIP		Change Addition
NAME		וייז מנונו	3.1 VIILE 3.2 NAME			
STREET ADDRESS				T ADDRESS		Į
CITY+ST-ZIP			3.4. CITY			
TITLE		DELET		31-11		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		İ
CITY-SI-ZIP			4.4 CITY-			}
TITLE	· · · · · · · · · · · · · · · · · · ·	DELET			· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME			Ì
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP		
TITLE		DELET	E 6.1 TITLE			Change Addition
RAME			6.2 NAME	ŀ		ŀ
STREET ADDRESS			63STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CiTY-	ST-ZIP		
	certify that the information supplied w	ath this filing does not out			Section 119 07(3)(i) Florida Statutes, Lifurther	certify that the information

indicated on this arrival report or supplemental annual report is frue 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.