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

	MENT # P9300 RTY CONSULTANTS INDIV	10036620 (1) VIDUAL, INC.			
Principal Plac	e of Business	Mailing Address		P SEEVINGS THE INITED TAIN BOTT BOTT DOING OF	100 11410 03410 04110 (1011 0011 1001
NG. GROTHE 1022 S.E. 30TH STREET CAPE CORAL FL 33904 US		%G. GROTHE 1022 S.E. 30TH STREET CAPE CORAL FL 33904 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				05/17/1993	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		65-0418396	Not Applicable
22	#, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	38.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre		81 Name -	10. Name and Address of New Regist	
	ro American Consultin g H	16	B1 Name	ames W HMBUR	e P
	01-TAMIAMI TRAIL- N		82 Street Add	Iress (P.O. Box Number in Not Acceptable)	
-26	DIES EL 24102		83	C/B/e CC	
PIA	# LES #L 391U3		<u></u>		
			84 City	aphes	FL 85 4993
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	The above named cor	poration stipmits this statement for the purp	ose of changing its registered
agent. I a SIGNATURE	Signature, typed or punied harne of trigistered as	AMBURN	towas le	ation's board of directors. I hereby accept the little of	30/98 DATE
TITLE	DPST	DELETE	1.1 TITLE	ADDITIONATO INVAES TO OFFICER	Change Addition
NAME	GROTHE, GISELA		1.2 NAME		-
STREET ADDRESS	1022 SE 30TH STREET		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	,		2.2 NAME		
STREET ANDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 YITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY - ST - ZiP		OFFETE	3.4. CITY-SI-ZIP	·	Change Addition
TITLE	•	☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS	}		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	 	DELETE	5.1 TITLE		Change Addition
NAME		<u>,, </u>	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-7IP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 71P			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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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. 941-649-1152 Origina Inothy Gisela Grathe

SIGNATURE:

FILED

Apr 03 1998 8:00am

Secretary of State