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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

P93000037751 (3)

CONSULTING CONCEPTS, INC. Principal Place of Business Mailing Address 13714 STAIMFORD DRIVE 13714 STAIMFORD DRIVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0414316 21 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 2mCountry Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SPILLANE, J P 82 Street Address (P.O. Box Number is Not Acceptable) 12788 W. FOREST HILL BLVD. 83 **SUITE 2005 WELLINGTON FL 33414** City Zip Code 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 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. Significate, 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 THLE DELETE ☐ Change ☐ Addition 1.1 THILE GILBERT, ROBERT NAMÉ 1.2 NAME 13714 STAIMFORD DRIVE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST ZIP 1.4 CITY - ST - ZIP DELETE 10€ 2 1 TITLE Change Add-tion GILBERT, BARBARA NAME 2.2 NAME 13714 STAIMFORD DRIVE STREET ADDRESS 2 3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-7IP 2.4 CITY - ST - ZIP Title DELETE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS 34 CITY - ST-ZIP DELETE TI'LE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C:TY-\$1-749 4.4 CHTY - ST - ZIP DELETE THE 5.1 TITLE Change ☐ Addition NAM: 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DiTY-ST-ZIP TillEF DELETE 6 1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in the support 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 in the support of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Ploc UBRAST B. GLEBART **SIGNATURE**