## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DURING OF CODE CO.

1006

	1990	DIVISION OF	CORPORATIO	JNS					
DOCU 1. Corporatio	MENT # P930	000059987 (6	6)						
	B. CONSULTANTS, INC.	·	•						
Principal Place	e of Business	Mailing Address	Mailing Address						(816) 1811 (86) (88)
8152 NW 6TH CT		8152 NW 6TH CT	8152 NW 6TH CT						
CORAL SE	PRINGS FL 33071	CORAL SPRINGS FL	33071						
					f	3. Date Incorporated or Qualified	Ja. Dat	te of Last F	Teport
						08/26/1993		05/01/1	
L	ace of Business	2a. Mailing Address			1	4. FEI Number			Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				65-0430177			Not Applicable
22	.,	27				5. Certificate of Status Desired			5 Additionat Required
City & State	0	City & State			• • • • •	6. Election Campaign Financing			00 May Be
23		28	<del></del>			Trust Fund Contribution			ed to Fees
Zip 24	Country	Zip	Country			8. This corporation has liability for	intang ble t	ax under s	199.032,
24	4 25 29 30  9. Name and Address of Current Registered Agent				l	Florida Statutes X Yes  10. Name and Address of New F	. □No		
			81	Name		IO. Name and Address of New F	iegisterea	Agent	
MCCARTHY, ROBERT E				Dissai A		(P.O. Box Number is Not Acceptate			
8152 NW 6TH CT			82	Street A	Address	(P.O. Box Number is Not Acceptat	ile)		
CORA	L SPRINGS FL 33071		83			· · · · · · · · · · · · · · · · · · ·			
			84	Crty				85 Z	ıp Code
11 Diverget	to the provisions of Seel are 507 or	(00 1007 ASO) II 000		•			<u>FL</u>		
or register	to the provisions of Sections 607.05 ad agent, or both, in the State of Fi th, and accept the obligations of, Si	orida. Such change was authorize	s, the above h of by the corpo	amedicor gration's b	rporatio board o	n submits this statement for the pur f directors. Thoreby accept the app	rpose of chi ointment as	anging its r s registered	registered office diagent. Lam
	in, and accept the obligations of, Si	ection 607,0505, Florida Statutes.							· ago aa r aa a
SIGNATURE	Signature typed or printed name of registered as	guil and little if applicable (NO)	E. Regidened Agene	Signation to	onen wh	in atea set an agr	£:A*€		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE	D HOCADTUV BODEOT E	DELETE	1 1 TITLE				[	☐ Change	☐ Addition
NAME STREET ADDRESS	MCCARTHY, ROBERT E 8152 NW 6TH CT		1.2 NAME	ļ					
CHTY-ST-ZIP	CORAL SPRINGS FL 330	71	1.3 STREET	- 1					
TIPLE	CONTRACT INTO TE 000	T DELETE	1.4 CITY - ST 2 1 TILLE	<u>- ZIF</u>				Change	Addition
NAME		<b>-</b>	2.2 NAME				ı	Change	[] KOUIIO)
STREET ADDRESS			23 STREET	NDDRESS.					
CITY-S1-ZIP			24 CHY- ST	- 7IP					İ
TITLE		DECETE	3 > TITLE					Change	☐ Addition
NAME			3.2 NAME						ļ
STREET ADDRESS			33 STREET	- 1					İ
CHTY-ST-ZIP TITLE	·		3.4 CHY-SE	ZIF				70	
NAME			4. 1 TITLE 4.2 NAME	İ			L.	Change	☐ Addition
STREET ADDRESS			43 STREET A	DOBESS					
CITY-ST-ZIP			4.4 CI*Y+ST						1
TIILE		☐ DELETE	5 1 TITLE					Change	Addition
NAME			5.2 NAME				_	_	-
STREET ADDRESS			5.3 STREET A	ODRESS					
CITY - ST - ZIP		ED DELEVE	5 4 CH1Y-\$1	ZIP					
TITLE		☐ DELETE	6 1 TALE					Change	Addition
NAME STREET ADDRESS			6.2 NAME						
CHY-ST-ZIP			63 STREET A 64 CITY-ST						
			■ 09 UHT-51:	615					<b>I</b>

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 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: \_\_

ROBERT E McCARTILY 3/18/96