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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000063487 (1)

1. Corporation Name  
SIRES CONSULTING, INC.



Principal Place of Business  
6384 17TH TERR. N.  
4500-24TH AVENUE NORTH  
ST. PETERSBURG FL 33710  
US

Mailing Address  
6384 17TH TERR. N.  
4500-24TH AVENUE NORTH -  
ST. PETERSBURG FL 33710-5524  
US

*Delete line please*  
*Delete line please*

3. Date Incorporated or Qualified  
09/03/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 6384 17th Terr. N.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6384 17th Terr N.

4. FEI Number  
59-3200442

Applied For  
Not Applicable

22

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 St Petersburg FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33710 25 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

29 33710 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIE M. SIRES  
6384 17TH TERR. N.  
ST. PETERSBURG FL 33710

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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.

SIGNATURE *Julie M Sires* *Julie M Sires* 4-25-97  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	SIRES, JULIE	6384 17TH TERR. N.	ST. PETE FL
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<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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14. I do 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: *Julie M Sires* *Julie M Sires* 4/25/97 (813) 344-3611  
Signature and typed or printed name of signing officer or director Date Daytime Phone #