

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000005865 (8)

1. Corporation Name

CRI CONSULT, INC.

Principal Place of Business

~~290-174TH STREET~~

~~UNIT-815~~

MIAMI BEACH FL 33160

Mailing Address

~~290-174TH STREET~~

~~UNIT-815~~

MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

65-0494614

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 215 Fifth St - Ste 200

26 215 Fifth St - Ste 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PO Box 347

27 PO Box 347

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33402-0347

25 USA

29 33402-0347

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~EDWARDS, NADIA-S CPA~~
~~290-174 STREET~~
~~ROOM-1510~~
~~MIAMI BEACH FL 33160~~

81 Name
R. GREG SMITH, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

NOWLEN, HOLT + MINER, P.A.

83

215 Fifth St - Suite 200

84

City West Palm Beach FL

85 Zip Code

33402

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

R. Greg Smith, CPA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MCPHERSON, LAURA
STREET ADDRESS 290 174 ST., #2105
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MCPHERSON, LAURA
1.3 STREET ADDRESS 3109 Grand Ave - # 489
1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Laura McPherson

22 Jan. 97

305-854-3878

CR2E034 (10/97)