FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:35
FLORIDA

DOCUMENT # **P94000012010 (2)**

1. Corporation Name
WESCON CONSULTING, INC.

Principal Place of Business	Mailing Address
3195 POWERLINE ROAD SUITE 106 POMPANO BEACH FL 33069	3195 POWERLINE ROAD SUITE 106 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 450 FAIRWAY DRIVE	26 450 FAIRWAY DRIVE	65-0466386	Applied For / Not Applicable
Suite, Apt. #, etc: 22 Suite 201	Suite, Apt. #, etc: 27 Suite 201	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 DEERFIELD Bch, Fl	City & State: 28 DEERFIELD Bch, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33441 Country: 25 USA	Zip: 29 33441 Country: 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418	81 [illegible] 82 Street Address: P.O. Box 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: [illegible] (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: CONNER, KEVIN C STREET ADDRESS: 3195 POWERLINE ROAD CITY ST ZIP: POMPANO BEACH FL 33069	11 TITLE: D ☒ Change ☐ Addition 12 NAME: CONNER, KEVIN C 13 STREET ADDRESS: 450 FAIRWAY DRIVE # 201 14 CITY ST ZIP: DEERFIELD BCH, FL 33441
TITLE: D NAME: SCHIPSKE, WILLIAM E STREET ADDRESS: 3195 POWERLINE ROAD CITY ST ZIP: POMPANO BEACH FL 33069	21 TITLE: D ☒ Change ☐ Addition 22 NAME: SCHIPSKE, WILLIAM E 23 STREET ADDRESS: 450 FAIRWAY DRIVE #201 24 CITY ST ZIP: DEERFIELD BCH, FL 33441
	31 TITLE: V.P. ☐ Change ☒ Addition 32 NAME: SCHIPSKE, DIANE B 33 STREET ADDRESS: 450 FAIRWAY DRIVE #201 34 CITY ST ZIP: DEERFIELD BCH, FL 33441
	41 TITLE: ☐ Change ☐ Addition 42 NAME: 700101 49841.27 43 STREET ADDRESS: =05/24/95=-01077--001 44 CITY ST ZIP: ****200.00 ****200.00
	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP:
	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP:

REMITTED BY MAY 1

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)(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: Diane B. Schipske DIANE B. SCHIPSKE 3/31/95 305-360-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

07/31/88 CP