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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000016659 (2)

1. Corporation Name

THURSTON CONSULTING SERVICES, INC.

FILED

98 APR 22 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1159 GRAHAM ROAD  
VENICE FL 34293

1159 GRAHAM ROAD  
VENICE FL 34293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4198 TIMBERLINE BLVD

27 4198 TIMBERLINE BLVD 65-0472043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 VENICE FL

27 City & State  
28 VENICE FL

Zip

Zip

Country

Country

24 34293 25 SARASOTA

29 34293 30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name  
Spiegel & Utrera, P.A. d/b/a AmeriLawyer

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

83

84 City  
Coral Gables

FL

85 Zip Code  
33134

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, from 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 the requirements of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

By:

Natalia Utrera, Vice-President

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P

NAME THURSTON, RAYMOND L  
STREET ADDRESS 1159 GRAHAM ROAD  
CITY-ST-ZIP VENICE FL 34293

TITLE ST

NAME THURSTON, BARBARA M  
STREET ADDRESS 1159 GRAHAM ROAD  
CITY-ST-ZIP VENICE FL 34293

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: [Signature] April 19 98

CR2E034 (10/97)