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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000024879 (6)

MORGAN & DUDLEY CONSULTING, INC.

•	
Principal Place of Business	Mailing Address
530 LAKE AVE. ORLANDO FL 32801	530 LAKE AVE. ORLANDO FL 32801
:	

FILED May 01 1998 8:00am Secretary of State

Morray W & Control of the Control of	(14) (140)			
Principal Place of Business	Mailing Address		I INDENDRAL UND ERKEL OTDJE ORIZH OUR	M MANTE MOTEM LIGHT REMAIN FALLT (ANT M 1941) 1841
530 LAKE AVE.	530 LAKE AVE.			
ORLANDO FL 32801	ORLANDO FL 32801		DO NOT WE	RITE IN THIS SPACE
			3. Date Incorporated or Qualifi	
			03/31/1994	
2. Principal Place of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21	26		59-3233383	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		G. Sommano or oracio populos	Fee Required
City & State	City & State		6. Election Campaign Financin	· - +
Zip Country	28]	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	8. This corporation owes or had Personal Property Tax due J	s paid the current year Intangible une 30. Yes \(\sime\) No
9. Name and Address of Curi		30	10. Name and Address of New	
HARVEY, ROSEMARY D.	····	81 Na		
530 LAKE AVENUE		82 Str	t Address (D.O. Boy Number in Not Appe	ptable)
ORLANDO FL 32801		82 5tr	t Address (P.O. Box Number is Not Acce	piable)
		83	1000	
		84 Cit		85 Zip Code
				FL 85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-	502 and 607.1508, Florida Slatute de of Florida Such change was a gations of, Section 607.0505, Flo	es, the above-nar authorized by the orida Statutes.	d corporation submits this statement for t rporation's board of di rectors. I hereby a	ne purpose of changing its registered accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered	arest and tile diapplicable (NOTE	· Registered Agent sign	re required when reinstating)	DATE
<u></u>	ND DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE DPST	☐ DELFTE	1.1 TITLE		Change Addition
NAME HARVEY, ROSEMARY		1.2 NAME		-
STREET ADDRESS 530 LAKE AVE.		1.3 STREET ADDR		
CITY-ST-ZIP ORLANDO FL 32801		1.4 CITY - ST - ZIP		
TITLE	☐ DELETË	2.1 TITLE	·	Change Addition C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREFT ADDR		
CITY-\$T-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3 1 TITLE		L Change L Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRE		
CITY-ST-ZIP	DELETE	3 4. CITY - ST - ZIP		Change Addition
TITLE	☐ DELETE	4.1 DTLE		El guarde El Madicon
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRI		
CITY-ST-ZIP	☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
	□ octeit	5.2 NAME		C. Grango C. Adaltur
NAME STREET ADDRESS		5.3 STREET ADDR		
		5.4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	61 TITLE		Change Addition
NAME	-	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRE		
CITY-ST-ZIP		6.4 CITY - S1 - 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 eath; 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 13 if changed, or an attachment with an address.