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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 26 1998 8:00am

Secretary of State

5/11 GC 951-428-280

DOCUMENT # P9400029783 (5)

EMPLOYEE MANAGEMENT CONSULTANTS, INC.

Block 12 or Block 13 if changed, or on an attachment with an address

Principal Place of Business Mailing Address SSO FAIRWAY OR. 550 FAIRWAY DR. SUITE 105B SUITE 105B DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 04/15/1994 20. Mailing Address
16 3356 N.W. 22nd Terrace 2. Principal Place of Business 4. FEI Number Applied For 3350 N.W. Zand Terr Not Applicable 65-0485374 Sulte Apj. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 300 B Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Brach 1 F-L Pumpano Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Irrangible 33069 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HUCK**S**, RANDOLPH E 550 FAIRWAY DRIVE 82 105B 63 **DEERFIELD BEACH FL 33441** Suite 200 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 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 amilia with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE HUCKS, RANDOLPH E NAME 12 NAME 550 FAIRWAY DRIVE, SUITE 105B STREET ADDRESS 1.3 STREET ADDRESS Deerfield beach fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE MACEACHRON, JOHN M 2.2 NAME NAME STREET ADDRESS 550 FAIRWAY DRIVE, SUITE 105B 2.3 STREET ADDRESS **DEERFIELD BEACH FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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