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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mowtham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
1933 COMMONWEALTH LANE	1933 COMMONWEALTH LANE
TALLAHASSEE FL 32303	TALLAHASSEE FL 32303

## **FILED** Mar 10 1998 8:00am Secretary of State

1. Corporatio	MEN # <b>P940(</b> CONSULTING, INC.	000381	09 (2)			
Principal Plac	e of Business	Mailing Ad	idress	**····································	4 IRENIDEK IND YOSHI DIDIN BESIK BESIK BESIK BONDO SINDY IDIRI HIBRI GENIR IBSI KODI.	
1833 COMMONWEALTH LANE 1833 COMMONWEALTH LAI TALLAHASSEE FL 32303 TALLAHASSEE FL 32303			MMONWEALTH	LANE		
			SSEE FL 32300	)	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/20/1994	
2. Principal Place of Business 2a. Mailing Address			Address			
2126					4. FEI Number  APPLIED FOR 59-34549 Not Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Apl. #, etc.		& Certificate of Status Decired S8./5 Additional	
22 27					Fee Required	
City & Stat	e	City & 1	State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28     Zip		Country	Trust Fund Contribution	
24	25	29		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
241	9. Name and Address of Curre		gent	1301	10. Name and Address of New Registered Agent	
CI	LARK, WILLIAM H			81 Name		
	33 COMMONWEALTH LANE			82 Street	Address (P.O. Box Number is Not Acceptable)	
	ALLAHASSEE FL 32303			02 Street	Address (P.O. Box Number is Not Acceptable)	
•	,			83		
				84 City	85 Zip Code	
				O4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508	Florida Statut	es, the above-named	corporation submits this statement for the purpose of changing its registered	
agent. +a	megistered agent, or boin, in the Statement family with an least per the obli	igations at Apoction	n 69 <b>7</b> .0505, Fi	orida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	1 X Il X Vians	Mollas	<u>k</u> e		2125198	
	Signature sypercor printed in the of inflammed	and tilled applicati	(NOT	t Registered Agent signature		
12.	CEOP	ND DIRECTORS	DELETE	13. 1.1 70fle	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CLARK, WILLIAM H		LJ otterit	1.2 NAME	County County	
STREET ADDRESS	1933 COMMONWEALTH LA	MF		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303	412		1.4 CITY-ST-ZIP	'	
TITLE	VP		DELETE	21 TITLE	Change Addition	
NAME	SCIBELLI, MICHAEL			2.2 NAME		
STREET ADDRESS	1933 COMMONWEALTH LA	WE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303			2. 4 CITY-ST-ZIP		
TITLE	VP		DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, ROBERT			3.2 NAME		
STREET ADDRESS	1933 COMMONWEALTH LA	WE		3 3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32303			3 4. CITY-ST-ZIP		
TITLE	CFO		DELETE	4.1 TITLE	Change Addition	
NAME	MASSEY, KIMBERLY			4. 2 NAME		
STREET ADDRESS	1933 COMMONWEALTH LA	WE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		DELETE	4.4 CITY-ST-ZIP	C Chance T Addition	
TITLE			L. DELETE	5.1 TITLE	Change Addition	
NAME CARETA ADORECE				5.2 NAME	·	
STREET ADDRESS				5.3 STREET ADORESS		
CITY-ST-ZIP TITLE	<u></u>		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
NAME			and white	6.2 NAME	_ Onling Addition	
STREET ADDRESS				6.3 STREET ADDRESS		
PINEL MOUNTS				E A'R RIMER I MODULEON		
CITY-ST-ZIP				64 CITY-ST-ZIP		

indicated on this annual report of 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 ar 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.