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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

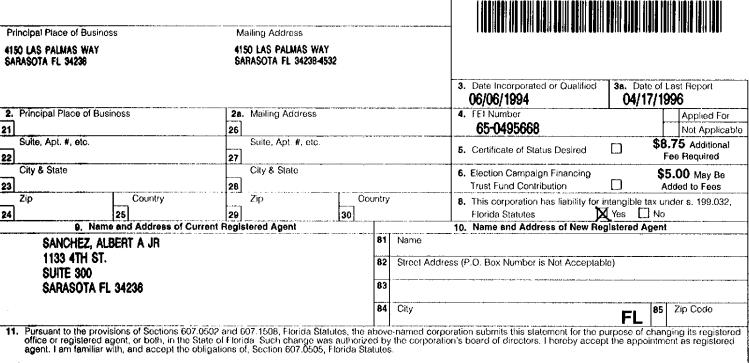
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041929 (8)

BOTTOM LINE MANAGEMENT AND CONSULTING. INC.

Principal Place of Business	Mailing Address
4150 LAS PALMAS WAY SARASOTA FL 34238	4150 LAS PALMAS WAY Sarasota Fl 34238-4532

FILED May 09 1997 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 98/6) DELETE TITLE Change Addition 1.0 30148 CARRION, RAFAEL NAME 1.₽ NAME 4150 LAS PALMAS WAY STREET ADDRESS 1.8 STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 1.4 CITY-\$1-7IP DELETE Change Addition TITLE 2.0 TO LE STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETE TITLE 3111116 ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TiTL€ ___ Addition NAME 4 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE16 ☐ Change Addition TITLE 54 11116 NAME 5.2 NAME STREET ADDRESS **5.8 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE 6.4 TITLE TITLE Addition NAME 6.2 NAME 6.8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supply 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 proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am an officer or director of the control of 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 on an attachment with an address.