

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 # P94000046766 (9)

1. Corporation Name

IN-THE-KNOW CONSULTING, INC.

Principal Place of Business

7000 W. PALMETTO PARK RD.  
SUITE 602  
BOCA RATON FL 33433

Mailing Address

7000 W. PALMETTO PARK RD.  
SUITE 302  
BOCA RATON FL 33433-3430

2. Principal Place of Business

21 C. U. W.  
Suite, Apt. #, etc.

22 Preston A-1

City & State

23 Boca Raton, Florida  
Zip 24 33434 Country 25 U.S.A.

2a. Mailing Address

26 C. U. W.  
Suite, Apt. #, etc.

27 Preston A-1

City & State

28 Boca Raton, Florida  
Zip 29 33434 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

GREENSTEIN, IRA  
7000 W. PALMETTO PARK RD.  
SUITE 602  
BOCA RATON FL 33433

81 Name IRA Greenstein

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

C. U. W.

83 Preston A-1

84 City Boca Raton

FL Zip Code 33434

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, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

*X 4/15/97*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSTEIN, IRA	1.2 NAME	Greenstein, Ira.	
STREET ADDRESS	7000 W. PALMETTO PK RD #502	1.3 STREET ADDRESS	C. U. W.	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Preston A-1	
TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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.

CR2E024 (9/96)