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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1997 8:00am Secretary of State

| DOCUMENT # P9400049383 (0) EQUAL OPPORTUNITY CONSULTING SERVICES, INC. | | | | | | |
|---|--|---|---|--|--|---|
| Principal Place of Business Mailing Address | | | | | i hi 44 00 4400 1166 60 | 14 14 14 14 14 14 14 14 |
| 4719 NW 18 PL GAINESVILLE FL 32605 | | PO BOX 5775 GAINESVILLE FL 32602-5775 US | | | | |
| · | | | | 3. Date Incorporated or Qualified 06/28/1994 | 3a. Date of La 04/19/19 | |
| _2. Principal F 21 | flace of Business | 2e. Mailing Address | | 4. FEI Number 59-3254998 | }- | Applied For Not Applicable |
| Suite Apt | #, etc | Suite, Apt. #, etc. | | | ~ \$8. | 75 Additional |
| 22 | | 27 | <u> </u> | 5. Certificate of Status Desired | 1 1 | e Required |
| City & Stat | ð | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | |
| 24 | 9. Name and Address of Cu | rept Senistered Agent | [30] | Florida Statutes 10. Name and Address of New R | Yes No | |
| DA! | | Herr Ledistalen Wallf | 81 Name | In' Lights Sin Woolses of Mem Ki | ohisioien Võeut | |
| DAVIS, CAIN 4719 NW 18 PL GAINESVILLE FL 32805 | | | <u> </u> | ddress (P.O. Box Number is Not Accepta | bla) | |
| | | | <u> </u> | dures (F.O. Box Number is Not Accepta | iole) | |
| | | | 83 | | | |
| | | | 84 City | | FL 85 | Zip Code |
| | to the provisions of Sections 607 registered agent, or both, in the S an familiar with, and accept the o | 0502 and 607.1508, Florida Statu tate of Florida Such change was bligations of, Section 607.0505, F | ites, the above-named co authorized by the corpor lorida Statutes. | orporation submits this statement for the oration's board of directors. I hereby acce | purpose of chang ept the appointmen | ing its registered nt as registered |
| 11. Pursuant office or agent La SIGNATURE | Stgr-ture, type thor printed name of registrics | | utes, the above-named co authorized by the corpor florida Statutes. TE Registered Agent signature rec | | DATE | |
| SIGNATURE | Signification of provided natural of registrates OF FICE RS | o agair and title if applicable (NO | TE: Registered Agent signature red | quired when reinstaling) | DATE | OTORS IN 12 |
| SIGNATURE 12. THU MAN: | Signification by the for product name of registrate OFFICERS DPT DAYIS, CAIN | d agree and Ment applicable (NO AND DIRECTORS | TE Registered Agont Signature rec 13. 1.1 TITLE 1.2 NAME | quired when reinstaling) | DATE ICERS AND DIREC | OTORS IN 12 |
| SIGNATURE 12. THU MAN: SIPEEL ADDRESS | Signature, byte-1 or presided names of registrate OFFICERS DPT DAVIS, CAIN 4719 NW 18 PL | d agree and Ment applicable (NO AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | quired when reinstaling) | DATE ICERS AND DIREC | OTORS IN 12 |
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