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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24 1998 8:00am Secretary of State

DOCUMENT # P94000052477 (4) KOLAM CONSULTANTS, INC. Principal Place of Business Mailing Address 6651 CUSTER STREET 5101 SW 173RD WAY HOLLYWOOD FL 33024 FORT LAUDERDALE FL 33331-1138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0508051 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Ζ̄ιρ Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ANAGUR, VISWANATHAN 5101 SW 1783RD WAY Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33331 В3 84 City Zip Code 85 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, typed or printed name of registerint agent and title if applicable (NOTE: Registered Agent signature required when reinstating CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ANAGUR, VISWANATHAN NAME 1.2 NAME 5101 SW 173RD WAY STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33331 CITY-S1-7IP 1.4 CITY - ST- ZIP DELETE Change noitibhA TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter of one an attacking or an att Block 12 or Block 13 if char

SIGNATURE: