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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name P94000057963 (8)

ANDERSON CONSULTING GROUP, INC.							
Principal Place of Business				Mailing Address			
,				13014 N. DALE MABRY HWY.			
13014 N. DALE MABRY HWY. SUITE 2859				SUITE 2859			50 MOT MIDITE IN THE 65 MG
TAMPA FL 33618				TAMPA FL 33618			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address			08/05/1994 4. FEl Number Applied For
21				26			59-3258690 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22				27			Fee Required
City & State				City & State			6. Election Campaign Financing \$5.00 May Be
23	Country			Zip Country			Trust Fund Contribution Added to Fees
Zip 24	25 2		30		y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current				l			10. Name and Address of New Registered Agent
CAS	STILLO-RA	TISTA, IVAN			81	Name	
	5 TUDOR				82	Street Addi	ress (P.O. Box Number is Not Acceptable)
	230	•					ross (i.o. box realiser is not receptable)
TAN	MPA FL 33	614			83	'	
					84	City	85 Zip Code
						F <u>L </u>	
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 familiag with, and a combine obligations of, Section 607.0505, Florida Statutes. SIGNATURE 1/200 (askilla-1)alke 4.30-98							
SIGNATURE Signature symmetry profess in a recognition and a separation of the control of the con							
12.			RS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	E 1.1 TITLE		☐ Change ☐ Addition	
NAME		.0-batista, iva		1.2 NAME			
STREET ADDRESS		I. DALE MABRY	HWY., SUIT			T ADDRESS	
CITY-ST-ZIP	TAMPA	FL 33618		1.4 CITY - ST - ZIP DELETE 2.1 TITLE		S1-ZIP	Change Addition
TITLE NAME	!			□ Differe	DELETE 2.1 TITLE		Change Magnini
STREET ADDRESS				2.2 NAME 2.3 STREET AD		T ANDRESS	
CITY-ST-ZIP					2. 4 CITY-ST-ZIP		
TITLE					3.1 TITLE		Change Addition
NAME					3.2 NAME	1	
STREET ADDRESS					3.3 STREE	T ADDRESS	
CITY-ST-ZIP					3.4 CITY-	ST-ZIP	
TITLE					4.1 TITLE		Change Addition
NAME	l				4. 2 NAME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE	 				4.4 CITY-ST-ZIP		Change Addition
NAME				☐ DELETE	5.2 NAME		, Change Z Avoinon
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP					5.4 CITY-	f	
TITLE					DELETE 6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREE	ADDRESS	
CITY-ST-ZIP					6.4 CITY-		
indicated	on this annu	Jal report or suppl	lemental annu	at report is true and ac	ccurate and th	iat my signatu	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an
officer or director of the corporation 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 13 if changed, or on an attachment with an address.							