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

PROFIT CORPORATION ANNUAL REPORT

*A*999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000066488**1. Corporation Name

EAC CONSULTING, INC.

Principal Place of Business

Mailing Address

4601 PONCE DE LEON BLVD., SUITE 230

4601 PONCE DE LEON BLVD., SUITE 230

01-25-1999 90050 028 ***158.75

FILED

Jan 25, 1999 8:00am

Secretary of State



		CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE	
US US				3. Date Incorporated or Qualifed		
					09/06/1994	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0519739	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27				Fee Required		Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intai	
24	25	1	30		7 Broditar Toporty Tax	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	-		10. Name and Address of New Registered A	gent
£-6.10	NOUE A ODOOKO DE	M. O. Barrist, Commission	81	Name		
ENRIQUE A CROOKS, P.E.				Street Add	iress (P.O. Box Number is Not Acceptable)	
4601 PONCE DE LEON BLVD					La la la la la deservación de la companyo de la com	or so a region of the section of the
	TE 230		83	l l		
COF	RAL GABLES FL 33147		84	City	200 Company (1997) 200 Company (85 Zip Code
				City	FL.	03 , 24 0000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corp	poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoint	nanging its registered
office or i	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was autions of Section 607 0505. Florida	thorized by	the corporati	tion's board of directors. I hereby accept the appoint	ment as registered
•	in tanillar with, and accept the obligati	10113 01, Decilott 001.0000, 1 1019	aa olalaici			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P .'	☐ DELETE	1.1 TITLE		AND THE STATE OF T	☐ Change ☐ Addition
NAME ·	CROOKS, ENRIQUE A		1.2 NAME			
STREET ADDRESS		,	1.3 STREE	T ADDRESS	•	}
CITY-ST-ZIP	CORAL GABLES FL 33146	•	1.4 CITY-5	ST-ZIP	, · .	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME		and the second second	
STREET ADDRESS			2.3 STREE	T ADDRESS		.]
			2. 4 CITY-			`,
CITY-ST-ZIP		DELETE	3.1 TITLE	31-24	*	☐ Change ☐ Addition
NAME	Compatible of C	, –	3.2 NAME			
11.1	PROBLET SET			T ADDRESS	e de la companya del companya de la companya de la companya del companya de la co	
STREET ADDRESS	是名為	•				
CITY-ST-ZIP.	A	☐ DELETE	3.4. CITY-1	51-ZIP		Change Addition
TITLE		_ DEEE IS				
NAME	ELEPTIFICATION OF THE PROPERTY		4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE			Change T Dynamon
NAME			5.2 NAME		•	
STREET ADDRESS	8 1			TADDRESS		· [
CITY-ST-ZIP	T 25 1	·	5.4 CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	ANTON THE CONTRACT OF THE STATE OF	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	AND		6.2 NAME		•	
STREET ADDRESS	Green Lawrence and American	•	6.3 STREE	TADDRESS	•	
OFFICE TIP			6.4 CITY- S	T. 710	•	

14. I hereby certify that the information supplied with this fijing 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 suppliemental angual 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: