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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000072904 (3)

THE CORAL CONSULTING GROUP, INC.

FILED Mar 17 1997 8:00am Secretary of State



			Mailing Address 15868 LAUREL OAK CIRCLE DELRAY BEACH FL 33484-5535			A 15011001 110 30111, bibli 80111 04111 04171 00711 10010 11010 10171 5011 6101 1001			
Principal Plac	ce of Business	_							
15868 LAUREL DELRAY BEAC	L OAK CIRCLE 3H FL 33484								
						3. Date Incorporated or Qualified 09/29/1994	3a. Date of L 02/27/19		
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number		Applied For	
21		26	26					Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apl	l.#, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State		h1 '	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	7 _p		Country	·	8. This corporation has liability for it	ntangible tax ur	der s. 199.032,	
24	25	29	30			Florida Statutes	Yes No		
	9. Name and Address of Cui	rrent Registered Age				10. Name and Address of New Re	distered Agent		
BF	RLIN, MARK A		*	81	Name				
	33 ALZIRA CIRCLE				Street Add	idress (P.O. Box Number is Not Acceptable)			
BO	CA RATON FL 33304			83					
				84	City		FL 85	Zip Code	
office or agent. I a SIGNATURE	Lib the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the of Signature, typed or printed name of legislate.	hligations of, Section (507.0505, Florida	Statute	S.	rporation submits this statement for the pation's board of directors. I hereby acception is board of directors.	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	D		DELETE	1.1 TITLE			☐ Cr	ange 🔲 Addition	
NAME	BERLIN, ROBERT A			12 NAME	1				
STREET ADDRESS	15868 LAUREL OAK CIRCL	Æ		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33484			1.4 CHY-	S1 - 71P				
TITLE		[DELETE	2.1 THEE			☐ CH	iange 🔲 Addition	
RAME				2.2 NAME					
STREET ADDRESS	1			2.3 STREE	TADDRESS				
CITY-ST-ZIP				2. 4 CHY-	SI-ZIF				
TITLE		[_	_ DELETE	3.1 HILE			∐ Ci	nange L Addition	
NAME				3 2 NAME					
STREET ADDRESS				3.3 STRFE	1 ADDRESS				
CITY-ST-ZIP			1 50 500	3.4. CITY-	S1 - ZIP			Addition	
TITLE		L	DELETE	4.1 TILLE			[] CI	nange L Addition	
NAME			ľ	4 2 NAME					
STREET ADDRESS			i		L AFIDRESS				
CITY-ST-ZIP		- -	DELFTE	4.4 CiTY- 5.1 TITLE	S1-7IP		Пci	nange Addition	
TITLE		L	J. DELL II.	5.2 NAME	İ		ب	g <u>Ld</u> : 1301(10)	
NAME .					LADDRESS				
STREET ADDRESS				54 CHY-	Į.				
CITY-ST-ZIP TITLE	 	-	DELETE	611IILE	31 - 419			nange	
NAME		L		6.2 NAME					
1.5					1 ADDRESS				
STREET ADDRESS				6.4 CITY-	!				
CITY-ST-7IP	<u> </u>			040111	21-71	- 1 - 0 - 0 - 110 07/07/3 Flad- 0-4-4-	- I I salka a a sali	a short stre	

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. Hurther 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.

CICALATURE.