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

Mailing Address

625 32 TERRACE

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

VERO BEACH FL 32968

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

VERO BEACH FL 32968

2. Principal Place of Business

25

LAUGHLIN, JEAN **625 32 TERRACE** 

**VERO BEACH FL 32968** 

Suite, Apt. #, etc.

City & State

625 32 TERRACE

21

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24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # P94000089096 (9) YELLOW PAGE CONSULTATION, INC. 

Mar 19 1998 8:00am Secretary of State

|    | E 1880 1980 118 1811 1 0101 1 9011 1 0011 1   |               |           | 00110 10110 9111 1001             |     |  |  |
|----|---|---------------|-----------|-----------------------------------|-----|--|--|
|    | DO NOT WRIT   | E IN THI      | S SPAC    | E                                 |     |  |  |
| 3. | Date Incorporated or Qualified  |               |           |                                   |     |  |  |
|    | 01/01/1995  |               |           |                                   |     |  |  |
| 4. | FEI Number  |               | I         | Applied For                       |     |  |  |
|    | 59-3282903  |               |           | Not Applicat                      | ole |  |  |
| 5. | Certificate of Status Desired   |               |           | \$8.75 Additional<br>Fee Regulred |     |  |  |
| 6. | Election Campaign Financing<br>Trust Fund Contribution  |               |           | \$5.00 May Be<br>Added to Fees    |     |  |  |
| 8. | . This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes X No |               |           |                                   |     |  |  |
| 8. | This corporation owes or has p  | e <b>3</b> 0. | current y | rear Intangible                   | _   |  |  |

Street Address (P.O. Box Number is Not Acceptable)

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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

83 84

Country

| SIGNATURE      | Signature: typod or protect name of registered agent and title it applicable | (NOTI Begis | tored Agent signature require |                                   |          |                   |
|----------------|--|-------------|-------------------------------|-----------------------------------|----------|-------------------|
| 12.            | OFFICERS AND DIRECTORS   |             | 3.                            | ADDITIONS/CHANGES TO OFFICERS AND |          |                   |
| TITLE          | P  | DELETE 1    | .1 TOTLE                      |                                   | Change   | Additi Additi     |
| NAME           | LAUGHLIN, JEAN C   | 1           | .2 NAME                       |                                   |          |                   |
| STREET ADORESS | 625 32 TERR.   | 1           | .3 STREET ADDRESS             |                                   |          |                   |
| CITY-\$1-ZIP   | VERO BEACH FL 32968  | 1           | .4 CITY-ST-ZIP                |                                   |          |                   |
| ITLE           |  | DELETE 2    | .1 TITLE                      |                                   | Change   | Additi            |
| NAME           |  | 2           | .2 NAME                       |                                   |          |                   |
| TREET ADORESS  |  | 2           | 3 STREET ADDRESS              |                                   |          |                   |
| CITY-ST-ZIP    | 1  | 2           | . 4 CiTY-ST-ZIP               |                                   |          |                   |
| ITLE           |  | DELETE 3    | .1 TITLE                      |                                   | Change   | Additi            |
| AME            |  | 3           | .2 NAME                       |                                   |          |                   |
| TREET ADORESS  |  | 3           | 3 STREET ADDRESS              |                                   |          |                   |
| ITY-ST-ZIP     |  | 3           | 4 CITY-ST-ZIP                 |                                   |          |                   |
| ITLE           |  | DELETE 4    | .1 TITLE                      |                                   | Change   | Additi            |
| IAME           |  | 4           | . 2 NAME                      |                                   |          |                   |
| TREET ADDRESS  |  | : 4         | .3 STREET ADDRESS             |                                   |          |                   |
| CITY-ST-ZIP    |  | 1           | .4 C11Y - ST - ZIP            |                                   |          |                   |
| ITLE           |  | DELETE 5    | 1 TITLE                       |                                   | ☐ Change | Addition Addition |
| IAME           |  | 5           | .2 NAME                       |                                   |          |                   |
| TREET ADDRESS  |  | 5           | .3 STREET ADDRESS             |                                   |          |                   |
| CITY-ST-ZIP    |  | 5           | .4 CITY-ST-ZIP                |                                   |          |                   |
| TITLE          |  | DELETE 6    | .1 TITLE                      |                                   | Change   | Additio           |
| :AME           |  | 6           | .2 NAME                       |                                   |          |                   |
| STREET ADORESS |  | 6           | 3 STREET ADDRESS              |                                   |          |                   |

14. Thereby certify that the information supplied with this filing 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TEAN & LAUGHLIN 3-15-98 5101-51-0-6078

Zip Code

85