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

CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

## **FILED** Apr 17 1998 8:00am Secretary of State

	MENT # P9400( CO MANAGEMENT CONSUL				
Principal Place	e of Business	Mailing Address			iri i idras esatt dibas anira dite sans
43000 N.W. 44TH STREET 4300 N.W. 44TH STREET					
TAMARAC FL 33319 US US US US				DO NOT WRITE IN	THIS SPACE
1				3. Date Incorporated or Qualified	<u> </u>
				12/16/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u>.                                  </u>	65-0548843	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22     27				6 Flection Compaign Figureian	~ <del></del>
23	Ÿ	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	<b>⊢</b> ¬ '	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	it Registered Agent		10. Name and Address of New Regist	ered Agent
	STORO, FRANCIS X		61 Name		
2100 HOLLYWOOD BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
HOLLYWOOD FL 33020					
Ì			83		
			84 City		85 Zip Code
24 0	(0)	0 1007 4400 54 14 5		· · · · · · · · · · · · · · · · · · ·	FL   S   Z   S   C   C   C   C   C   C   C   C   C
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 preted name of registered agent and title if applicable.  (NOTE Registered Agent aignature required when reinstaling)  DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COTE, CLAUDE		1.2 NAME		
STREET ADDRESS	4300 N.W. 44TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 City-St-ZiP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME	COTE, GISELE		2.2 NAME		
STREET ADDRESS	4300 N.W. 44TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
i i		□ btttic	4. 2 NAME		Cualite Manifold
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CHIY-SI-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		<del></del> :	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST-ZIP		
14 I hareby c	artify that the information supplied wi	ith this filing does not qualify to		Section 119 07(3Vi) Florida Statutes Litural	per cortify that the information

nereby 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 informatio 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 of 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.

| GNATURE: | 305/696-8002

SIGNATURE: