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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000026457 (8)

EMER DA, IN	gency educational con IC.	ISULTANTS OF SOUTH	I FLORI		
Principal Place	e of Business	Mailing Address		1 10011003 1(0 1010) 01(1) 03(1) 88(1) 01(1)	III IIII OIII OIIII OIOOI OIIII (BOI IBOI
3504 NW 85 SUITE B CORAL SPR US	5 AVE HINGS FL 33065	3504 NW 85 AVE SUITE B CORAL SPRINGS FL 3300 US	95	DO NOT WRITE IN TO 3. Date incorporated or Qualified 03/30/1995	HIS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	NU 39 MARK	26 7220 20	79 manus	65-0586871	Not Applicable
Sulte, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be
23 CORA	L SPAINGS FC	28 CURAL SPAZ	JGS FL	Trust Fund Contribution	Added to Fees
Zip 24 330	Country 25 UJ A		Country US 4	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent
SOARD, TODD 81 Name					
3504 NW 85 AVE SUITE B			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33065			122	O NW 39 MAJOR	
			83		
			84 City	al SPRIJES	FL 85 Zip Code
11. Pursuant office or re	to the provisions of Sections 607.050? ogistered agent, or both, in the State i	and 607.1508, Florida Statutes of Florida, Such change was au- tions of Section 607.0505, Flori	, the above-named corp	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered
SIGNATURE	Aul 1 a	See	att bittist.		0-98
	Signature, typed or punted name of registered agor		Registered Agent signature requir	ed whon reinstating) DA	TE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	L DELETE	1.1 TITLE		Change Addition
NAME	SOARD, TODD		1.2 NAME		
STREET ADDRESS	3504 N.W. 85TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
TITLE	SOARD, JACQUELINE		2.2 NAME		The custifier The vadition
NAME	3504 NW 85 AVE B				
STREET ADDRESS	CORAL SPRINGS FL		23 STREET ADDRESS		}
CITY-ST-ZIP TITLE	COINE OF HINDS I'E	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		Broad Section 16	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	Į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		;
STREET ADDRESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP			5.4 CITY - ST - ZIP	_ <u> </u>	
TITLE		☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition

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 supplience tall 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 applices.

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

July 11 Sout

4-30-98 95

FILED

.May 15 1998 8:00am

Secretary of State

954-753-6869

RZE034 (10/97)