| CO | E NOW: FILING PROFIT RPORATION UAL REPORT 1998 | FEE AFTER | FLORIDA DEPAI Sandra I | RTMENT B. Mort ary of Sta | OF STATE ham | | FILED Jan 28 1998 8: Secretary of S | |
|---|---|-----------|--|--|---|----------------------------|--|---|
| DOCUMENT # P95000029673 (7) 1. Corporation Name THE EVOLUTION CONSULTING GROUP, INC. Principal Place of Business Mailing Address 2300 GLADES ROAD. SUITE 220W 2300 GLADES ROAD. SUITE 220W BOCA RATON FL 33431 BOCA RATON FL 33431 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State | | | | 5. Ceruncate of Status Desired | Applied For Not Applicable 75 Additional Fee Required 5.00 May Be |
| | 25 29 3 9. Name and Address of Current Registered Agent PALMER, ROBERT M ESQ | | | | untry | | | ear Intangible |
| 2300 GLADES ROAD, SUITE 220W 82 Street Ad BOCA RATON FL 33431 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | ss (P.O. Box Number is Not Acceptable) FL ration submits this statement for the purpose of chan n's board of directors. I hereby accept the appointme | Zip Code ging its registered ent as registered |
| SIGNATURE | Signature, lyped or printed name of OFF | | opplicable. (NOT | | | | e when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELETE DACEY, MICHAEL F 2300 GLADES ROAD, SUITE 220W BOCA RATON FL 33431 | | | 1.2 M 1.3 S | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP | | | CTORS IN 12 601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AFRICK, JACK 2300 GLADES ROAD, SUITE 220W | | | | itle IAME TREET ADORESS ITTY - ST - ZIP | | | hange Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DELETE | 6.1 TJ 6.2 N 6.3 S | | | C] Cł | ange 🔲 Addition |
| 14. I hereby 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 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. | | | | | | | | |
| SIGNATURE: | | | | | | | | |

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