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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000029675 (2) DOCUMENT #
1. Corporation Name

SUCCESS CONSULTING INTERNATIONAL, INC.

Principal Place of Business Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



1209 MANOR FT. LAUDERDA	DRIVE SOUTH ALE FL 33326	1209 MANOR DRIVE SOUTH FT. LAUDERDALE FL 33326				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/10/1995		
	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0634433		ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	Counti	гу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	nt Registered Agent				10. Name and Address of New Registers	d Agent		
LUNN, LESLIE M				1 N	lame			1
1209 MANOR DR. SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33326			8:	3				
			8	4 C	City	F	85 Zip	Code
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and tale it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12,		ND DIRECTORS	13.	9	3.4	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12
TITLE	PS	DELETE	1.1 TOTLE				Change	☐ Addition
NAME	LUNN, LESLIE		1.2 NAME	Ē				
STREET ADDRESS	1209 MANOR DR. SOUTH		1.3 STAE	ET ADD	DRESS			
CITY-ST-ZIP FORT LAUDERDALE FL 33326			1.4 CITY-ST-ZIP					
TITLE	DELETE			21 TITLE			Change	Addition
NAME			22 NAME					
STREET ADDRESS			23 STREET ADDRESS		DRESS			
CITY-ST-ZIP			2 4 CHY-ST-ZIP		MP	•		
TITLE	DELETE			3.1 TITLE			Change	☐ Addition
NAME		3.2 NAME		- 1				
STREET ADDRESS			3.3 STRE	ET ADD	ORESS			
CITY-ST-ZIP			3.4. CITY	-ST-Z	1P			
TITLE	TITLE DELETE			4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E		•		
STREET ADDRESS			4.3 STRE	ET ADD	DRESS			
CITY-ST-ZIP	_		4.4 CITY	- ST - ZI	IP .			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAMÉ			5.2 NAMI	E	İ			
STREET ADDRESS			5.3 STRE	ET ADO	DRESS			
CITY-ST-ZIP			5.4 CITY	- \$1 - 21	IP .			7-4
TITLE		☐ DELETE	6.1 TITLE		İ		Change	Addition
NAME			6.2 NAM	Ē				
STREET ADDRESS			6.3 STRE	ET ADD	DRESS			
CITY-ST-ZIP			6.4 CITY	- ST- ZI	IP			

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.