FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000057645 | (0) |
|--------------------|--------------|-----|
| 1 Corporation Name | | |

FINANCIAL & OPERATING CONSULTING SERVICES, INC. Mailing Address Principal Place of Business 10824 TEA OLIVE LN 10824 TEA OLIVE LN **BOCA RATON FL 33498 BOCA RATON FL 33498** 3a. Date of Last Report 3. Date incorporated or Qualified 07/26/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 1.0. B.x 170093 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Country Yes No USA Florida Stalutes 33497 30 |29| 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 necus A. Sproecey Street Address (P.O. Box Number is Not Acceptable) 82 SHIVELEY, MARCUS 10824 TEA GLIVE LANG 10824 TEA OLIVE LN 83 **BOCA RATON FL 33498** Zip Code 33498 RATON Loca 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 ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS ☐ Addition 12 ☐ Change DELETE 1.1006 TITLE 1.2 NAME SHIVELEY, MARCUS NAME 1.3 STREET ADDRESS 10824 TEA OLIVE LN STREET ADDRESS 1.4 CITY SI-ZIP **BOCA RATON FL 33498** CITY-SI-ZIP Change DELETE 2.11016 TITLE M. SHIVELY 2.2 NAME 24 TEA OLIVE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP Addition ☐ Change CiTY-ST-71P DELF1E 3 1 TI'LE TITLE 3.2 NAMI 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREE! ADDRESS STREET ADDRESS 4.4 CITY-ST 7IP Addition Change CITY-ST-ZIP DELETE 5 1 T-1LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST - 7IF Addition Change CITY-ST-ZIP DELETE 6 1 HILE TITLE 6 2 NAME

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental arrural report is true and accurate and that my signature shall have the same legal effect as if made under certify that it 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.

63 STREET ADDRESS

STREET ADDRESS

AYORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401.483.37.57

CR2E034 (12/95)