## 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 # P95000061604 (1)

Country

9. Name and Address of Current Registered Agent

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PALM BEACH GARDENS FL 33418

*z*ipper. Sandra 295 CANTERBURY DR

ARDNAS CONSULTING, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

295 CANTERBURY DR PALM BEACH GARDENS FL 33418 Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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295 CANTERBURY DR

PALM BEACH GARDENS FL 33418

## **FILED** Feb 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1995 Applied For 4. FEI Number 65-0601036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has pald the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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.

Country

81 Name

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SIGNATURE		7.015.5			DATE		
	Signature, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS	(NOTE: Re		required when reinstating)	ES TO OFFICERS AND	DIDECTOR	C (N) 10
12.		DELETË	13.	ADDITIONS/CHANG		Change	Addition
TITLE		DELETE	1.1 TITLE		ı	Change	L ADDRION
NAME	ZIPPER, SANDRA		1.2 NAME	•			
STREET ADDRESS	295 CANTERBURY DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		1	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY - ST - ZIP				
TITLE		DELETE	3.1 TITLE		l	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP			_	
TITLE		DELETE	4.1 TITLE		l	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST- ZIP				
TITLE		DELETE	5.1 TITLE		ĺ	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		[	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 of 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 n an attachment with an address.