FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000067038 (6)**

1. Corporation Name
COVERT CONSULTANTS, INC.

Principal Place of Business
825 CAREW AVENUE
ORLANDO FL 32804

Mailing Address
825 CAREW AVENUE
ORLANDO FL 32804-2028

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21 910 Elm Ave
Suite, Apt. #, etc.
22
City & State
23 Sanford Fl.
Zip 24 32771
Country 25 USA

2a. Mailing Address
26 910 Elm Ave
Suite, Apt. #, etc.
27
City & State
28 Sanford Fl.
Zip 29 32771
Country 30 USA

4. FEI Number: 59-3334087 - Correct
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MOYE, JAMES E
201 E PINE STREET
SUITE 710
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 SAME As Above - No Change 3-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SPRING, ALAN M	
STREET ADDRESS	825 CAREW AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☐ DELETE
NAME	BAGLEY, JON	
STREET ADDRESS	825 CAREW AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Spring, Alan M.	
1.3 STREET ADDRESS	910 Elm Ave.	
1.4 CITY-ST-ZIP	Sanford Fl. 32771	
2.1 TITLE	V.P.	☒ Change ☐ Addition
2.2 NAME	BAGLEY, JON	
2.3 STREET ADDRESS	910 Elm Ave.	
2.4 CITY-ST-ZIP	Sanford Fl. 32771	
3.1 TITLE	Secretary	☐ Change ☒ Addition
3.2 NAME	DANA TRUHAN	
3.3 STREET ADDRESS	910 Elm Ave	
3.4 CITY-ST-ZIP	Sanford Fl. 32771	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Alan M. Spring | ALAN M. SPRING 3-10-97 407-322-0068