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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000067322 (4)

DOCUMENT # P95000067322 (4) 1. Corporation Name WJM CONSULTING, INC.				I HABILARIS IND IDIAN BINNI SUSH DDINS BUNNI SU	III 8 81411 18888 1448 11818 1481 1881
Principal Place	of Business	Mailing Address			
7110 NW 4TH AVE. BOCA RATON FL 33487		7110 NW 4TH AVE. BOCA RATON FL 33487		Date Incorporated or Qualified 3a.	Date of Last Report
2. Principal Pla 21 685 Suite, Apt. #	LAKE BLUD	28. Mailing Address 26	e BLVD	08/31/1995 4. Ft I Number 65 - 060 8 (8) 5. Certificate of Status Desireo	Applied For Not Applicable \$8.75 Additional Fee Required
City & State 23	LANDERAGE FL.	Zip 29 383 み 6	Country 30 NS A	6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intang Flondo Statutes 7. Yes 10. Name and Address of New Regist	No
BOCA RA	o the provisions of sections 607.0502 and alternt, of protein in India 1998 of Sections of Sections 607.0502 and alternt, of protein in India 1998 of Sections of	7	82 Street Addi 83 685 84 City De- 5, the above named corporation's boat	ress (P.O. Box Number is Not Acceptable) LAKE BLYD LANCE BLYD LANCE BLYD ration submits this statement for the purpose rd of directors. I hereby accept the appointment of the purpose rd of directors.	FL 85 Zip Code 3,3,3,6 of changing its registered office ent as registered agent. I am
	Signature, typed or printed name of registered agen	To title if applicable (NOT) ID DIRECTORS	Begisteren Agent signature resjon: 13.	ADDITIONS/CHANGES TO OFFICER	
112. TITLE NAME STREET ADDRESS CHY-ST-ZIP	DPST SIMMONS, NEAL 7110 NW 4TH AVE. BOCA RATON FL 33487	DELETE	1. 1 TITLE 12 NAME	PST J. MURRAY	Change 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	AT LANDERDALE, PL. P NN P. MURRAY BS LAKE BLVD: PRT LANDERDALE, PL	22246
TITLE NAME STREET ADDRESS		☐ DELFTE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
CITY ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STHEET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CHY - ST - Z-P 5 1 THEF 5 2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP			5 4 CITY - ST - ZIP		Connec

CITY - ST- ZIP 14. I do hereby certify that the information supplied wells this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual repost or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer of director by 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 13 or Block 13 o

6.11111.6

6.2 NAME

6.3 STREET ADDRESS

6.4 City - St - 7iP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

MALA SE SIGNING OFFICER OR DIRECTOR

DELETE

Cnange Addition

CR2E034 (12/95)