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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074687 (1) 1. Corporation Name

EXPENSE REDUCTION CONSULTING, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				98 +11 1 88 11 8	1848 BIGET FRET	AL PROLITOR
830 ME 73 ST BOCA RATON FL 33487		830 NE 73 ST BOCA RATON FL 33487-	830 NE 73 ST BOCA RATON FL 33487-1750					•	
						3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 03/14/1996		
<u> </u>	lace of Business	2a. Mailing Address	2s. Mailing Address			4. FEI Number		A	pplied For
21 Code Ant	M Ala	26				65-0620567 Not Applicable			
Surie, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Required		
City & State	3	City & State	 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28 Zin	Zip Country			Trust Fund Contribution			
24	25 29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \[\bigcap \text{No} \]			
· -1	9. Name and Address of Curre		1901			10. Name and Address of New Registered Agent			
RON	IDER, VICTOR J		8	31	Name				***************************************
	NE 73 ST		8	12	Street Addr	ress (P.O. Box Number is Not Acceptab	<u> </u>		
BOC	A RATON FL 33487		[Orcorrida	ess (r.e. pox remos) to restrict place	01		
			8	33					
			8	34	City	A 10.0 A	FL	85 Zip	Code
11 Purcuant I	to the provisions of Sections 657 DF	.02 and 607 1508 Florida State	ites the abo		named corn	poration submits this statement for the p		chonging i	to registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized	by '	the corporat	tion's board of directors. I hereby accep	t the appo	ointment as	registered
~	m familiar with, and accept the obli	gations of, Section 607,0505, F	iorida Statut	tes.					
SIGNATURE	Signature, hyperLin printed name of region red a	gent and the if acceptable (NC	Tt: Registered A	Agen	nt signature requir	red when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE	€				☐ Change	Addition
NAME	RONDER, VICTOR J		1.2 NAM	Æ					
SZAROCA 143ATS	830 NE 73 ST		1.3 STRE	EET A	ADDRESS				
CitY-SI-7⊮	BOCA RATON FL		1.4 CITY	-ST	- ZIP				
THE		L DELETE	2.1 TH LE	E				Change	Addition
NAME			22 NAM	1E					
STREET ADDRESS			2 3 STRE						
CITY -ST - 7:P		DELETE	· • · · · · · · · · · · · · · · · · · ·	2 4 CITY - ST - ZIP 3.1 TITLE				Channe	4.4400
TITLE NAME		T DETELE						Change	Addition
STREET ADDRESS			3.2 NAM		ADDRESS				
CHY-SI-ZiP			3.4 CITY						
TITLE		DELETE	4.1 TITLE		1.70			Change	Addition
NAME			4 2 NAN	Æ				•	
STREET AODRESS			4.3 STHE	EET A	ADDRESS				
CITY-ST-7/P			4.4 CITY	-\$1	- ZIP				
TITLE		DELETE	5.1 TIFLE	E			•	Change	Addition
NAME			5.2 NAM	IE.					
STREET ADDRESS			5.3 STRE	EET A	ADORESS				
CITY-S1-7:P			5 4 CITY	-\$1	- ZIP				
TITLE		L DELETE	6 1 TITLE					Change	Addition
NAME			6.2 NAM		į				
STHEET ADDRESS			6.3 STRE	EET A	ADDRESS				
CHTY-ST-ZIP	a portification that the subsection of the subse	and with the a filmer done and - :-	6.4 CITY			in Section 119.07(3)(i), Florida Statutes	1.4	and the c	ath a
intormatio	n indicated on this annual report or	supplemental annual report is	true and ac	CUE	rate and that	my signature shall have the same legal t as required by Chapter 607, Florida St	effect as	if made un	ider oath: that