## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000080897 (8)

NEXUS	CONSULTING, INC.					
Principal Place	e of Business	Mailing Addre	SS			T EBOUNDOL 118 IDEAL BINIT OBENT DONN OBENT DONN BENT BOTH BOTH TOWN BOTH TOWN BOTH TOWN
10515 NW 11 PLANTATION	11 COURT ON FL 33322			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified
<b>5 5 3 3 3 3</b>						10/18/1995
_	lace of Business	<b>├</b> ─┐	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# <b>al</b> c	26 Suite Ant	Suite, Apt. #, etc.			59-3340745 Not Applicable
22	#, <b>Q</b> IO.	<u>├-</u> ₁	27			5. Certificate of Status Desired See Required Fee Required
City & State	0		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. 🔲 Yes 💢 No
	9. Name and Address of C	urrent Registered Ageni		-		10. Name and Address of New Registered Agent
	BERMAN, GARY			B1	Name	
	515 NW 11 COURT ANTATION FL 33322			82	Street A	Address (P.O. Box Number is Not Acceptable)
	WINTION I'L 55522			83		
					City	■■ 85 Zip Code
					•	FL
11. Pursuant i office or ri agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Flo State of Florida. Such cha obligations of, Section 60	rida Statutes, I Ingo was auth 7.0505, Florida	the above orized by a Statutes	e-named c the corpo s.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registe	ned aney and tile if applicable	(NOTE: Re	a stered Ane	nt signature n	e required when reinslating) DATE
12.		S AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		Change Addition
NAME	LIEBERMAN, GARY			1.2 NAME		
STREET ADDRESS 10515 NW 11 COURT			1.3 \$		address	
CITY-ST-ZIP			1.4 CITY		T-ZIP	
TITLE	VP	П	DELETE	2.1 TITLE		Change Addition
NAME	LIEBERMAN, KAREN B		•	2.2 NAME		
STREET ADDRESS	10515 NW 11 COURT			23 STREET		
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 CITY-S	31 - Z8P		
THILE			DE CETE	3.1 TITLE	ł	Change
NAME Street address				3.2 NAME 3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-S	4	
TITLE			DELETE	4 1 TATLE	11-211	☐ Change ☐ Addition
NAME				4. 2 NAME		_ • _ ·
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	1	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME	ľ	
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	I - ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition

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 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.

62 NAME 63 STREET ADDRESS

STREET ADDRESS

954-474-4899

**FILED** 

May 11 1998 8:00am

Secretary of State