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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092252 (2)

HOLLAND & ASSOCIATES CONSULTING, INC.

Principal Plac 4032 N. OCEAN HOLLYWOOD F	N DRIVE	Mailing Address 4032 N. OCEAN DRIVE HOLLYWOOD FL 33019-3	•					
					Date Incorporated or Qualified 12/05/1995	3a. Date of L 02/14/19	· • •	
├ ─ ┐	lace of Business	2a. Mailing Address			4. FEI Number		Applied Fo	
Suite Apt.	# stc	Suite, Apt. #, etc.			65-0633709	***	Not Applic	
22 27			ψ. #, 8to.		5. Certificate of Status Desired		. 75 Additiona ee Required	al
City & State	0	City & State			6. Election Campaign Financing	····	5.00 May Be	
23		28			Trust Fund Contribution		doed to Fees	
7.5	Country	Zip	Country	,	8. This corporation has liability for		ider s. 199.03	12,
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No		
UN	9. Name and Address of Current	nogistero Agent	81	Name	IV. ITAING AND ADDIESS OF NOW NO	Ristandt Whalif		
	LAND, CHARLES H JR 2 N. OCEAN DRIVE					······		
HOLLYWOOD FL 33019			62	Street Add	ddress (P.O. Box Number is Not Acceptable)			
1100			83					
			84	City		اجدا	Zip Code	
			04	City		FL 65	Zip Code	
office or r agent 1 a SIGNATURE	egistered agent, or both, in the State im familiar with and accept the obligation (Significal type) or protect rame of regaleted agent	of Florida. Such change was tions of, Section 607.0505, F	authorized by lorida Statutes	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointme	int as registere	ed
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		
TOLE	PSD	DELETE	1.1 FITLE			Ci	nange 🔲 Add	Idition
NAME	HOLLAND, CHARLES H JR		1.2 NAME					
STREET ADDRESS	4032 N. OCEAN DR. HOLLYWOOD FL 33019		1.3 STREET					
CHY-ST ZIP TITLE	HOLLTHOOD PL 33019	DELETE	2.1 TITLE	ST-ZIP		C	nance T Ado	dition
NAME			2.2 NAME			<u>.</u> .,	ango Linux	airon
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY - S1 - ZIP			2.4 CITY-					
TOLE		DELETE	3.1 TITLE			CI	nange	Idition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CHY-ST-ZIP			3.4. CITY-:	ST-ZIP	-, <u></u>		· · · · · · · · · · · · · · · · · · ·	
THLE		☐ DELETE	4.1 TITLE			LL CI	ıange ∐iAdo	d ition
NAME			4. 2 NAME	LADDOGGO				
STREET ADDRESS			4.3 STREET 4.4 CITY - S					
CITY-SI-7iP TITLE		DELETE	5.1 TITLE	01-5IL		Ci	nange Add	ddition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
City - St - ZIP			5.4 CITY - S	S1 - ZIP				
TITLE		DELETE	6.1 TITLE			□ c	hange Ado	dition
MAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
Derv et 240	l .		E 0.4 0/70/ 0	37 705 I				1

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 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 inchanged for an absolute with an address.

0126039

FILED

Jan 27 1997 8:00am

Secretary of State