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

	MENT # P9500 CH CONSULTING SERVICES						
Principal Place of Business Mailing Address					140014801146 18401 8444 8641 8814 881	IA MUITAR TUATA UNUTU AUTUU	IFBOI DIRI 1 03 1
209 SUNSET BLYD KEY LARGO FL 33037 US		209 SUNSET BLVD KEY LARGO FL 33037 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1995			
2. Principal F	Place of Business	2a, Mailing Address			12/11/1993 4. FEI Number		Applied For
21 26		26			59-3347166		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et					5. Certificate of Status Desired	7	Additional
22 27			· 			Fee F	Required
City & State City & State					Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip			Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3		□ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
COLES, M R 209 SUNSET BLVD KEY LARGO FL 33037			81 82 83	Name Street Ado	dress (P.O. Box Number is Not Acceptable	е)	
			84	City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agr	oni and title if applicable. (NOTE	Registered Age		poration submits this statement for the pu ation's board of directors. I hereby accept aired when reinstaling)	DATE	·- -
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	MARSHALL R. COLES	L R. COLFS				Change	Addition
STREET ADORESS	209 SUNSET BLVD		1.2 NAME 1.3 STREET ADDRESS		,		
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST-ZIP				
TITLE	VP	VP DELETE				Change	Addition
NAME	COLES, MICKLANIA B		2.2 NAME				
STREET ADDRESS	209 SUNSET BLVD		2.3 STREET ADDRESS			-	
CITY-ST-ZIP	KEY LARGO FL			T-ZIP			
TITLE		∐ DELETE	3.1 TITLE 3.2 NAME			Change	☐ Addition
NAME STREET ADDRESS				*DDDCCC			
CITY-ST-ZIP			3.3 STREET				
TITLE	DELETE		3.4. CITY - S 4.1 TITLE	1-211		Change	☐ Addition
NAME							
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY+ST+ZIP			4.4 CITY-S1	I-ZIP			
TITLE	☐ DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	##DRESS		53 STREET ADDRESS				
City-St-ZIP			5.4 CITY-ST-ZIP				,, · · · · · · · · · · · · · · · · ·
TITLE	☐ DELETE		6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 supplimental 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 to see 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 example of the corporation of the corporatio

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FILED

Apr 03 1998 8:00am

Secretary of State