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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000004887 (1)

COMSULT, INC.

Principal Place of Business Mailing Address					TI DOUGHU AND INDIAN BRAIN AFBA		
1717 N. BAYSHORE DRIVE 1717 N. BAYSHORE DRIV							
#2554 MIAMI FL 33132 MIAMI FL 33132					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33132 MIAMI FL 33132					3. Date Incorporated or Qualified		
					01/16/1996		
2. Principal Pi	lace of Business	2a. Mailing Address				lied For	
21		26			65-0641573 Not	Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Ad		
22		27			Fee Requ		
City & State	9	Cily & State			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to		
Zíp	Country	7 _{IP}	Country	·	8. This corporation owes or has paid the current year Intan	 -	
24	25	29	30		Personal Property Tax due June 30.		
	g, Name and Address of Curr				10. Name and Address of New Registered Agent		
RO	LL, JOHN C		81	Name			
	7 N. BAYSHORE DRIVE		62	Street Add	dress (P.O. Box Number is Not Acceptable)		
#25	554						
MIA	MI FL 33132		83				
			84	City	85 Zip Co	ode	
44.5	40-0-00-0	500 - 1 COZ 4500 CI	<u> </u>	<u> </u>	rporation submits this statement for the purpose of changing its	latered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was a	authorized by	y the corpora	ation's board of directors. I hereby accept the appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered a		£ Registered Age	ent signature requ	uired when reinstaling) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	DELETE	1.1 TITLE		L Change	Addition	
NAME	ROLL, JOHN C	IOCC A	1.2 NAME				
STREET ADDRESS	1717 N. BAYSHORE DR. #	2004	1.3 STREET	1			
CITY-ST-ZIP TITLE	MININI 1 L	DELETE	1.4 CITY- 9 2.1 TITLE	J1-ZIP	Change	Addition	
NAME			2.2 NAME		_ •		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP			
TITLE	DELETE		3.1 TITLE		☐ Change	Addition Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		DELETE	3.4. CITY-5 4.1 TITLE	5T - Z(P	☐ Change	Addition	
TITLE		[] bittle	4.1 MILE 4. 2 NAME		Criange		
NAME STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.5 STREET	1			
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME		1/1	6.2 NAME	1			
STREET ADDRESS		mnillh	6.3 STREET				
CITY-ST-ZIP			6.4 CITY - S	11 - ZIP	0-4- 40 07/0/G Fields 0 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	Jarm-#-	
indicated officer or officer to a Block 12 c	certify that the information supply on this annual report of supplying director of the corporation of the co	which is the control of the control	or the exemp curate and the execute this	at my signat report as rec	n Section 119.07(3)(i), Florida Statutes. I further certify that the in lure shall have the same legal effect as if made under eath; that quired by Chapter 607, Florida Statutes; and that my name appe	l am an ears in	