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

DOCUMENT # P96000011385 (7)

ILE DE FRANCE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business 3025 N.OCEAN BLVD.

Mailing Address

3025 N.OCEAN BLVD.

FILED May 11 1998 8:00am Secretary of State



FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0649186 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees Žip Country Zφ Country B. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BROGNAUX. DELPHINE** 3025 N.OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 63 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agere and tile if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD DELETE TITLE 1.1 TITLE Change Addition BROGNAUX, DELPHINE NAME 1.2 NAME 3025 N.OCEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 1/115 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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.

6.4 CITY-ST-ZIP

appliatione 2

CITY-ST-ZIP