

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

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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012071 (2)

1. Corporation Name
EXPERT CONSULTANTS ASSOCIATED, INC.



Principal Place of Business
353 WINDOW ROCK DRIVE
WEST PALM BEACH FL 33414

Mailing Address
POST OFFICE BOX 1028
WEST PALM BEACH FL 33402-1028

3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
4. FEI Number 65-0688094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

ZIMMERMAN, GEORGE W
353 WINDOW ROCK DRIVE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 *George W. Zimmerman* 3/14/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZIMMERMAN, GEORGE W		12 NAME	
STREET ADDRESS 353 WINDOW ROCK DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33414		14 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	21 TITLE D/P/V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZIMMERMAN, DEBORAH M		22 NAME	
STREET ADDRESS 353 WINDOW ROCK DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33414		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 is based 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 or Block 14, or on an attachment with an address.

SIGNATURE *George W. Zimmerman* 3/14/97 (56) 791-3093 DATE

CR2E034 (9/96)