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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000018801 (6)

RIMAR CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1382 SOUTHWEST 178TH WAY	1382 SOUTHWEST 178TH WAY
PEMBROKE PINES FL 33029	PEMBROKE PINES FL 33029

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
	WEST 178TH WAY PINES FL 33029		1382 SOUTHWEST 178TH WAY PEMBROKE PINES FL 33029			
			-		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 02/29/1996	
	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
	ane as Above	26			<b>65-0647246</b> Not Applic	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27           City & State         City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	7ip	Count	rv		Added to Fees
24	25	29	30	.,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
67	g. Name and Address of Curi		130	<del>-</del> -	10. Name and Address of New Registers	
	LLAIN, JEAN-MARC	regional regions	8	1 Name	141 Linna and Liberary At 115 at 10810101	
	182 <b>SOUTHWEST</b> 178TH WAY		L			
	EMBROKE PINES FL 33029		8	82 Street Address (P.O. Box Number is Not Acceptable)		
PE	IMBRUNE PINES PL 33028		В	3		
			8	4 City		85 Zip Code
7,	1.00	V. 00			poration submits this statement for the purpose	
office or r agent. I a	registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such change was	s authorized I	by the corporal	tion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable. (NO	01E: Registered A	gent signature requ	ired when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PIO	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	VILLIAN, JEAN-MARC		1.2 NAM			
STREET ADDRESS	1382 SOUTHWEST 178TH		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 330		1.4 <b>0</b> TY	- \$1 - ZIP		- <u></u>
TITLE	VP	DELETE	2.1 TLE		,51	☐ Change ☐ Addition
NAME	VILLAIN, RITA		2.2 # AMI	.		
STREET ADDRESS	1382 SOUTHWEST 178TH		2.3 RE	et address		
CITY-ST-ZIP	PEMBROKE PINES FL 330	29	2. 4 ITY	i i		
TITLE		☐ DELETE	3.1 TLE		Name of the second seco	☐ Change ☐ Addition
NAME			3.2 AMI	.		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TLE			Change Addition
NAME		<u></u> -	4. 2 IAM	- 1		
STREET ADDRESS				ET ADDRESS		
			4.4 TY			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 TLE			Change Addition
		F-1 2-2216	5.2 AM			
NAME				i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	5.4 CITY			Change Addition
TITLE		C DECEIE	6.1 TITLE	!		FT cutable FT Modulou
NAME			6.2 NAM	ł		
STREET ADDRESS				et address		
CITY-ST-ZIP	I		6.4 CITY	-ST-ZIP		

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 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 trusted 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 ac Artdress.