

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000019469 (1)

1. Corporation Name

T. H. T. CONSULTING GROUP, INC.

Principal Place of Business

8391 NW 21ST STREET  
SUNRISE FL 33322

Mailing Address

8391 NW 21ST STREET  
SUNRISE FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2050 E. OAKLAND BLVD #201		2050 E. OAKLAND BLVD #201		03/04/1996	
Suite, Apt., etc. #201		Suite, Apt., etc. #200		4. FEI Number 65-0671902	
City, State Ft. Lauderdale FL		City, State Ft. Lauderdale FL		Applied For Not Applicable	
Zip 33306		Zip 33306		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
County Broward		County Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATSON, THOMAS J  
8391 NW 21ST STREET  
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name W.T. WATSON  
82 Street Address (P.O. Box Number is Not Acceptable) 2050 E. OAKLAND BLVD #201  
83  
84 City Ft. Lauderdale FL 85 Zip Code 33306

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	WATSON, W.T.	1.2 NAME	
STREET ADDRESS	2050 E. OAKLAND PL BLVD #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	WATSON, THOMAS J	2.2 NAME	
STREET ADDRESS	2050 E. OAKLAND PL BLVD #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

*[Signature]*

Date

Daytime Phone # 954-5663101

CR2E034 (10/97)