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Jan 22 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 # P96000050631 (1)

1. Corporation Name
I.N.O. Consultant, Inc.
4726 Okeechobee Blvd
West Palm Beach, FL 33417

Principal Place of Business	Mailing Address
4726 Okeechobee Blvd West Palm Beach, FL 33417	4726 Okeechobee Blvd. West Palm Beach, FL 33417

3. Date Incorporated or Qualified: 1/8/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4726 Okeechobee Blvd	26 4726 Okeechobee Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33417 Country 25 USA	Zip 29 33417 Country 30 USA

4. FEI Number: 65-0666010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Peter Priess 4726 Okeechobee Blvd. West Palm Beach, FL 33417	81 Name: Peter Priess 82 Street Address (P.O. Box Number is Not Acceptable): 4726 Okeechobee Blvd 83 84 City: West Palm Beach FL 85 Zip Code: 33417

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] 1/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	Peter Priess	1.2 NAME	Peter Priess
STREET ADDRESS	4726 Okeechobee Blvd	1.3 STREET ADDRESS	4726 Okeechobee Blvd
CITY-ST-ZIP	West Palm Beach, FL 33417	1.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	☐ DELETE	2.1 TITLE	VP/S/T ☐ Change ☒ Addition
NAME		2.2 NAME	Caroline Bredée
STREET ADDRESS		2.3 STREET ADDRESS	4726 Okeechobee Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WPB, FL 33417
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500002065865
STREET ADDRESS		5.3 STREET ADDRESS	-01/23/97--01044--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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] 1/16/97 (561) 478-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #