


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

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000031731 (8)		
1. Corporation Name CONSULTANTS LTD. OF SO. FLA., INC.		



Principal Place of Business 1206 12TH TERRACE PALM BEACH GARDENS FL 33418	Mailing Address 1206 12TH TERRACE PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2816 JAMES RIVER ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 2816 JAMES RIVER ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/11/1996	
22 City & State 23 WEST PALM BEACH, FL. Zip 24 33411 Country 25 U.S.A.		27 City & State 28 WEST PALM BEACH, FL. Zip 29 33411 Country 30		4. FEI Number 65-0657558 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZARET, CYNTHIA J. 1206 12TH TERRACE PALM BEACH GARDENS FL 33418				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2816 JAMES RIVER ROAD			
				83			
				84 City WEST PALM BEACH FL 85 Zip Code 33411			

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, 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	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	ADDRESS CHANGE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZARET, CYNTHIA J			1.2 NAME			
STREET ADDRESS	1206 12TH TERRACE			1.3 STREET ADDRESS	2816 JAMES RIVER ROAD		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33411		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	ADDRESS CHANGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZARET, MICHAEL			2.2 NAME			
STREET ADDRESS	1206 12TH TERRACE			2.3 STREET ADDRESS	2816 JAMES RIVER ROAD		
CITY-ST-ZIP	PALM BEACH GARDENS FL			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33411		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:

Cynthia J. Zaret CYNTHIA J. ZARET

4/1/98 (261) 688-8124

CR2E034 (10/97)