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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032139 (3)

| 1. Corporation  | ER CONSULTING, INC.   | 3002100 (0)                                     |   | T LECKNOOK IN A PORKE BUILT COURT COURT COURT BOURD ALIVE FICUL LITTLE FAIL TON LOCAL               |
|---|---|---|---|---|
| Principal Plac  | o of Rusiness   | Mailing Address                                 |   |   |
|   |   | מו  |   |   |
| 370 LENELL RD.<br>  FT. Myers Beach FL 33931  |   | C/O JOHN P. MILLIGAN<br>1500 COLONIAL BLVD., ST |   |   |
| ]   |   | FT. MYERS FL 33907                              |   | DO NOT WRITE IN THIS SPACE  |
| ļ   |   |   |   | 3. Date Incorporated or Qualified   |
| 9 Principal P   | Place of Business   | 2a. Mailing Address                             |   | 04/12/1996<br>4. FEI Number Applied For   |
| 21  | idos or oddinoso  | 26  |   | APPLIED FOR 65-0679182 Not Applicable   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                             |   | S Cartificate of Status Desired \$8.75 Additional   |
| 22  |   | 27  |   | Fee Required  |
| City & Stat   | de .  | City & State                                    |   | 6. Election Campaign Financing \$5.00 May Be  |
| Zip   | Country   | <b>28</b>                                       | Country                                       | Trust Fund Contribution   |
| 24  | 25  | <u>├</u> ¬                                      | 30  | 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. |
|   | Name and Address of Current   |   | 301   | 10. Name and Address of New Registered Agent  |
| Mil   | LIGAN, JOHN P JR.   | <u> </u>  | 81 Name                                       |   |
| 1500 COLONIAL BLVD.   |   | 82 Stree  | t Address (P.O. Box Number is Not Acceptable) |   |
|   | ITE 103   |   |   |   |
| FT.   | MYERS FL 33907  |   | 83  |   |
|   |   |   | 84 City                                       | FL 85 Zip Code  |
| 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 ported number of registered agent and too if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE |   |   |   |   |
|   | Signature, typed or printed name of registered ager<br>OFFICERS ANI |   |   |   |
| 12.   | PT  | DELETE  | 13.<br>1.1 TITLE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                                  |
| NAME  | BOTTCHER, BODO  |   | 1.2 NAME                                      |   |
| STREET ADDRESS  | 370 LENELL RD.  |   | 1.3 STAFFT ADDRESS                            |   |
| CITY-ST-ZIP   | FT. MYERS BEACH FL 33931  |   | 1.4 CITY - ST - ZIP                           |   |
| TITLE   | P   | ☐ DELETE  | 2.1 TITLE                                     | ☐ Change ☐ Addition C   |
| NAME  | BOTTCHER, JUTTA   |   | 2.2 NAME                                      |   |
| STREET ADDRESS  | 370 LENELL RD.  |   | 2.3 STREET ADDRESS                            | <i>X</i> , <i>C</i> >   |
| CITY-ST-ZIP   | FT. MYERS BEACH FL 33931  |   | 2. 4 CITY-ST-ZIP                              |   |
| TITLE   | V   | LJ DELETE                                       | 3.1 TITLE                                     | Change Addition   |
| NAME  | BOTTCHER, BURKHARD  |   | 3.2 NAME                                      |   |
| STREET ADDRESS  | 370 LENELL RD.  |   | 3.3 STREET ADDRESS                            |   |
| CITY-ST-ZIP<br>TITLE  | FT. MYERS BEACH FL 33931  | DELETE  | 3.4. CITY-ST-ZIP<br>4.1 TITLE                 | ☐ Change ☐ Addition   |
| NAME  | BOTTCHER, WOLFGANG  | MEETE   | 4. 2 NAME                                     | Citalign Citalign   |
| STREET ADDRESS  | 370 LENELL RD.  |   | 4.3 STREET ADDRESS                            |   |
| CITY-ST-ZIP   | FT. MYERS BEACH FL 33931  |   | 4.4 CITY-S1-ZIP                               | }   |
| TITLE   | THE WILLIAM DESIGNATE GOOD!   | DELETE  | 5.1 TITLE                                     | Change Addition   |
| NAME  |   | •   | 5.2 NAME                                      |   |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS                            | 1   |
| CITY-ST-ZIP   |   |   | 5.4 CITY - \$1 - ZIP                          |   |
| 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                           |   |

14. Thereby 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 13 if changed, or on an attachment with an address.

CIGNATURE.

wante

4-15-98

**FILED** 

May 01 1998 8:00am

Secretary of State