

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048428 (2)

1. Corporation Name

CONSULT-PAK, INC.

Principal Place of Business

5955 FOREST GROVE DRIVE
UNIT 1
BOYNTON BEACH FL 33437

Mailing Address

5955 FOREST GROVE DRIVE
UNIT 1
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7388 MODENA DRIVE	26 7388 MODENA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Boynton Beach FL	28 Boynton Beach FL
Zip	Zip
24 33437	29 33437
Country	Country
25 PALM BEACH	30 PALM BEACH

3. Date Incorporated or Qualified	06/03/1996
4. FEI Number	13-3894097
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	
GOLDSTEIN, CHARLES 5955 FOREST GROVE DRIVE UNIT 1 BOYNTON BEACH FL 33437	

10. Name and Address of New Registered Agent	
81 Name	GOLDSTEIN CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)	7388 MODENA DRIVE
83	
84 City	Boynton Beach
85 Zip Code	FL 33437

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:  DATE: 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ARLENE	1.2 NAME	
STREET ADDRESS	5955 FOREST GROVE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, CHARLES	2.2 NAME	
STREET ADDRESS	5955 FOREST GROVE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ARLENE	3.2 NAME	
STREET ADDRESS	7388 MODENA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach FL 33437	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, CHARLES	4.2 NAME	
STREET ADDRESS	7388 MODENA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, FL 33437	4.4 CITY-ST-ZIP	
TITLE		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		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:  DATE: 4/16/98 (561) 755-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0334676

CR2E034 (10/97)