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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

	PPORATION JAL REPORT 1998	Secret	B. Mortham ary of State CORPORATIONS	Secretary of State
1. Corporatio	MENT # P9600 Onsulting, Inc.	00068064 (0	)	T 1881/1881 1715 LEVING BUING BERNO ABUNG BERNO BURGA BUING BERNO BURGA
Principal Plac	e of Business	Mailing Address		
10161 CENTURION PARKWAY NORTH SUITE 191 JACKSONVILLE FL 32256  Walling Actives  10161 CENTURION PARKWAY NORTH SUITE 191 JACKSONVILLE FL 32256				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 08/15/1996
2. Principal P	lace of Business	2a. Mailing Address		
21	# <del></del>	26		4. FEI Number APPLIED FOR 59-3453087 APPLIED FOR 59-3453087 Not Applied For
Sulte, Apt.	#, G(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	е	City & State	<del></del>	6. Election Campaign Financing , \$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
11. Pursuant office or ragent. I a	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, F	authorized by the corpora lorida Statules.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed transc of registered OFFICERS A	agont and title if applicable (NC AND DIRECTORS	TE Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addit
NAME STREET ADDRESS CITY-ST-ZIP	HUSEMAN, W.N. RUSSELL 10161 CENTURION PARKY JACKSONVILLE FL 32256		1.2 NAME 1.3 STRFET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit
NAME STREET ADDRESS	WEIDNER, DONALD W ESI 10161 CENTURION PARKV JACKSONVILLE FL 32256		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE NAME	gronosivited it stage	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Change Addit
STREET ADDRESS CITY-ST-ZIP	i		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ A::**
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addit
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T NEI EVE	5.4 CITY-ST-ZIP	T Abana
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME	Change Additi
STREET ADDRESS			6.3 STREET ADDRESS	
CDV 67 7/0			1 64 003 / 61 310	

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 of upplient rital 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 true the 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, of organ attachment with an address.

**FILED** 

May 20 1998 8:00am