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

PROFITA-CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068682 (9)

EA CONSULTING, INC.

]
Principal Plac	e of Business	Mailing Address		T CORRESPONDE AND TORAGE OFFICE MARKET DANKS ABOUT ARTIFUL VALUE DANKS 1871 DE	đi
WINTER PARK FL 92789 COP BALMORAL ROAD WINTER PARK FL 32789					
				3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996	
2. Principal P	Place of Business	26. Mailing Address		4. FE Number Applied F Not Applied F	
Suite, Apt.	#, etc.	Suite, Apt #, etc	>.	5. Certificate of Status Desired	
City & State	e	Gity & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for intangible tax under s 199.00 Florida Statutes Yes No	
E41	9. Name and Address of Cu			10. Name and Address of New Registered Agent	
\$4/41			81 Name	Taring and Lines and at Least Leading ton Cabotte	
	LTER, ROBERT				
	BALMORAL ROAD TER PARK FL 32789			Address (P.O. Box Number is Not Acceptable)	
#			83		
			84 City	85 Zip Code	
				corporation submits this statement for the purpose of changing its registoration's board of directors. I horeby accept the appointment as register	
SIGNATURE	Signature, typed or printed name of registere	d agent and little if applicable AND DIRECTORS	(NOTE Hogistered Agent signature	required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOLE	n	DELET		· · · · · · · · · · · · · · · · · · ·	ddilion
NAME	WALTER, ROBERT		1.2 NAME	i contribe	
STREET ADDRESS	609 BALMORAL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		14 CITY-S1-ZIP		
TITLE		DELET		Change A	ddition
NAME			22 NAME		
STREET ADDRESS			2.3 STREE1 ADDRESS	r.	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELET		Change A	Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELFT	3.4. CITY-ST-ZIP E 4.1 TITLE	Change A	ddition
NAME		(4.2 NAME	_ Change _ A	ioution.
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELET		☐ Change ☐ A	ddition
NAME			5.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELE1		Change A	odition
NAME			6.2 NAME	•	
STREET ADDRESS			63 STREET ADDRESS		

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 eath; that I am an officer or director of no exproration 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 j. changed, a on an illustration and directs.