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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084458 (4)

Bruge P P

CONSULTING, ETC., INC.

Principal Place of Business

Mailing Address

539 HARVARD PLACE

FILED Apr 28 1998 8:00am Secretary of State



APOPKA FL 3		APOPKA FL 32703			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2 Principal Pla	ace of Business	2a. Mailing Address		10/09/1996 4. FEI Number	Applied For
		26 SA	meras	99-3640719	Not Applicable
Suite, Apt.	prings Colony CR.	Suite, Apt. #, etc.	71.5		\$8.75 Additional
22 Ap	1142	27 Pirin	me ns	5. Certificate of Status Desired	Fee Required
City & State				6. Election Campaign Financing	\$5.00 May Be
23 Allamente Spring > 1=128 of Bin:			-S, Country	Trust Fund Contribution	Added to Fees
24 32	-	29	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	Current year intangible
24 90	9. Name and Address of Current I		[30]	10. Name and Address of New Registere	
BRIETEHBACH, BRUCE C 81 Name					
539 HARVARD PLACE			82 Street Addr	roce (P.O. Boy Mumber is blot Acceptable)	
APOPKA FL 32703			Street Ayar	ress (P.O. Box Number is Not Acceptable) Springs Colony Co	acle Apt142
			83	7	
			84 City 4 4		es Zin Codo
			Alta	monte Springs F	L 85 Zip Code 32714
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Stal	ites, the above-named corn	poration submits this statemen for the purpose	of changing its registered
office or re agent. I an	i gistere d agent, or both, in the State of In famili ar with, and accept the obligation	r Horida. Such chan ge was ons of, Section 607.05 0 5, f	: authorized by the corporat Torida Statutes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE _					
	Signature, typed or printed name of registered agent		11 Registered Agent signature requir		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D BOCITCHDAOLI BOLICE O	☐ DELET E	1.1 TITLE		Change
NAME	BREITENBACH, BRUCE C		1.2 NAME	10 Sacras Calvaula.	
STREET ADDRESS	\$39 HARVARD PLACE		1.3 STREET ADDRESS	19 Springs Colonyla. Hamo We Springs F	=1 27.714
CITY-ST-ZIP TITLE	APOPKA FL 32703	DELETE.	1.4 C(TY - ST - ZIP 4 2.1 T(TLE	HamoNie springs	Change Addition
	Br eitenbach, Lucinda J	M	2.1 NAME		C charge C reaction
NAME Street address	639 HARVARD PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2. 4 CITY - ST- ZIP		
TITLE	74 OTTOTTE OFFICE	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u>.</u>	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - St - ZiP		05
TITLE		☐ DELET e	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	adiffer 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 of	on this annual report or supplemental a	annual report is true and ac	curate and that my signatu	ire 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 attachinent with an address.					