FILE NOW: FILING FI	EE AFTER MAY 1ST IS	FILED		
PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of Stale	Apr 24 1998 8:00am Secretary of State	
DOCUMENT # P96 1. Corporation Name 56- Consulting	,000 85821 g Services, Inc.			
Principal Place of Business 3806 N. Oak Or. V-2 Tampa, Florida 33611	Mailing Address 3806 N. Oak Tampa, Florid	Dr. V-27	DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
, , , , ,			10/17/1994	
2. Principal Place of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 Suite Act # 810	26 Soute Apt # etc	noers	<u> </u>	Not Applicable \$8.75 Additional
Suite, Apt #, etc.	27 1.3910 N. Dale 1	Mabry Stel	5. Certificate of Status Desired	Fee Required
City & State	City & State	1	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 7 ampa 1-	<i>OFI 0</i> 2 Country	Trust Fund Contribution B. This corporation owes or has paid the cu	Added to Fees
24 25	29 33618 3	0 USA		Yes No
9. Name and Address of		81 Name	10. Name and Address of New Registered	Agent
Sanders, Wa He. 13910 H. Dale Ma Tampa, Florida	ebry Hwy Ste On 33618	84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE Signature Type of the Association by Section	lere La province the diagram above (NOTE	107 Sunder Pegistered Agnut signature requi	red when reinstating) DATE	36/98
· · · · · · · · · · · · · · · · · · ·	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME GEATEN Shirley STREET ADDRESS 3806 N. Oak Driv	i B- ie V-R	1.2 NAME 1.3 STREET ADDRESS		D DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP TEMPS, Florida TITLE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPS, Florida TAMPS, Florida	3347 □ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME GRASED, Thomas	77	2 2 NAME		
STREET ADDRESS 3806 N. Oak DI	ive V-27	2 3 STREET ADDRESS		
RITLE Tamps, Florida				i
NAME	2. 336 //	2 4 CHY+ST-ZIP		☐ Change ☐ Addition
E .	2. 336 // DELETE	2 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	2. 336 // DELETE	3.1 TITLE		Change Addition
CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP		
CITY-ST-ZIP TITLE	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition Change Addition
CITY-ST-ZIP TIFLE NAME		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP		
CITY-ST-ZIP TITLE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TIFLE NAME STREET ADDRESS		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DETETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST-ZIP	A	☐ Change ☐ Addition

Addition

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***150,00

6.4 CHY - \$1 - 7 P 14. Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119 97(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 chapted, or on an attachment with an address

5.4 CHY-ST-7IF

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAML

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4 P. C.

huley A. Gearen Shirley A. GEAREN 4-18-98 813-837-0945