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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001664 (6)

C. WAGNER STRATEGIC CONSULTANCY, INC.

FILED Apr 27 1998 8:00am Secretary of State



Delevate at Olean		A - 11:				
Principal Place of Business Mailing Address						
3420 COUNTY ROAD 540A 3420 COUNTY ROAD 540 LAKELAND FL 33813 LAKELAND FL 33813			4UA		ł	•
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/03/1997	,
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26						Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22	27			·	5, Certificate of Status Desired	Fee Required
· · ·	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	<u>-</u> -		Trust Fund Contribution	Added to Fees
Zip	Country	Ziρ	Cour	itry	8. This corporation owes or has paid the	
24	25	Depletered Asset	30		Personal Property Tax due June 30.	Yes No
- 04	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Register	ed Agent
	SAUNDERS, THOMAS C					
395 SOUTH CENTRAL AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
DA	RTOW FL 33830		- 1			·
			- 1	B3		
			Ī	B4 City		- 85 Zip Code
. <u></u>						-L
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	rand 607.1508, Florida Stati of Florida, Such change was	utes, the ab	ove-named cor	poration submits this statement for the purposation's board of directors. I hereby accept the	e of changing its registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, I	lorida Statu	ites.	and board of directors. Thereby according	appointment de registeres
SIGNATURE					<u>-</u>	
	Signature, typed or printed name of registered agen			Agent signature requ	uired when reinstating) DA	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	LOFTIN, WILLIAM	DELETE	1,1 TITL	1		Change Addition
NAME	5905 OAKMONT LANE		1.2 NA			
STREET ADDRESS	LAKELAND FL 33813			EET ADDRESS		•
CITY-ST-ZIP	DAVERMAN LE 22012	Deter		Y - ST - ZIP		
TITLE		DELETE	2.1 TITI			Change Addition
NAME	WAGNER, CONSTANTIN		22 NA			•
STREET ADDRESS	3420 COUNTY ROAD 540A		2.3 STR	eet address		
CITY-ST-ZIP	LAKELAND FL 33813	To a second		Y-ST-ZIP		
TITLE	D	DELETE	3 1 TITL	- 1		Change Addition
NAME	FISCH, RICHARD MD		IAM S.E	ſ	. *	
STREET ADDRESS	3420 COUNTY ROAD 540A		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813			Y-ST-ZIP	<u> </u>	
TITLE	D	DELETE	4.1 TiTL	E		Change Addition
NAME	ANGER-DIAZ, BARBARA PH.D.		4. 2 NA	ME		
STREET ADDRESS	3420 COUNTY ROAD 540A		4.3 STR	eet address	75 96 5 m 1	
CITY-ST-ZIP	LAKELAND FL 33813			r-ST-ZIP		
TITLE	D COURT AND EDGE MADE NECO	DELETE	5.1 TITE			Change Addition
NAME	SCHLANGERZ, KARIN MFCC		5.2 NAM	AE [
STREET ADDRESS	3420 COUNTY ROAD 540A		5.3 STR	EET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		5.4 CIT	r-ST-ZIP		
TITLE		DELETE	61 TITL	E		Change Addition
NAME			6.2 NA	AE		•
STREET ADDRESS			6.3 STR	eet address		
CATY-ST-ZIP			64.00	(-ST-ZIP		

14. Thereby 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.

Mard 31, 1991

941-646 6222