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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## P97000002117 (4) DOCUMENT #

**UP-THINK CONSULTING, INC.** 

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place of Business			Mainly Address								
LONGWOOD	ADÓW CIRCLE Fl. 82779		602 LONGMEADOW CIRCLE LONGWOOD FL 32778				DO NOT WRITE IF	N THIS S	PACE		
							3. Date Incorporated or Qualified				
							01/01/1997				i
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number			Applied F	
21		26	g <u></u>				59-34/9885			Not Appli	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						¢0 -	75 Addition	
22		<del></del>	27				<ol><li>Certificate of Status Desired</li></ol>			e Required	
City & State			City & State				6. Election Campaign Financing		· · · · ·	<del></del>	
23		28	-¬ ´							. <b>00</b> May Bo	
Zip	Country		Zip Country								
24	<b>⊢</b> ¬ ′	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 Curre		1				10. Name and Address of New Registered Agent				
1.61	NTZ, ROYAL E JR			81	1	Name					
	LONGMEADOW CIRCLE				↓						
				82	!  5	Street Addres	ss (P.O. Box Number is Not Acceptable	)			į
LO	NGWOOD FL 32779			83	+-						
				03	'						
				84	i c	City			85	Zip Code	$\neg$
<u> </u>					L			FL	Щ.		
11. Pursuant t	o <b>the</b> provisions of Sections 607.050 egistered agent, or both, in the State	)2 and 607.1! • of Florida S	508, Florida <b>S</b> tatute luch chan <b>ne w</b> as ai	s, the abov	/e-л iv th	iamed corpoi ne corporatio	ration subm <mark>its this statement for the pur</mark> n's board of directors. I hereby accept	pose of a	changi intmer	ng Its regist It as registe	tered   ered
agent. I ar	m <b>fa</b> miliar with, and accept the oblig	ations of, Se	ction 607 0505, Flo	rida Statute	s.	10 50 P010110	To board of directors ( mores) accept	o appo			
SIGNATURE											
	Signature, typed or printed name of registered ag				ent s	signature required		DATE			
12.	OFFICERS AN	D DIRECTOR		13,			ADDITIONS/CHANGES TO OFFICE				
TITLE	PT		DELETE	1.1 TITLE				ı	Chai	nge ∟ Ac	ddition
NAME	LANTZ, ROYAL E JR			1.2 NAME		1					
STREET ADDRESS	602 LONGMEADOW CIRCLE			1.3 STREE	T ADI	IDRESS					
CITY-ST-ZIP	LONGWOOD FL 32779			1.4 CITY- :	S1 - Z	ZIP					
TITLE	VS		☐ DELETE	2 1 TITLE				ı	Chai	nge ∐_Ad	ddition
NAME	LANTZ, ROYAL E JR			2.2 NAME							
STREET ADDRESS	602 LONGMEADOW CIRCLE			2 3 STREE	t adi	DRESS					
CITY-ST-ZIP	LONGWOOD FL 32779		2 40		2 4 CITY-ST-ZIP						
TITLE			DELETE	3 1 TITLE					Chai	nge 🗌 Ad	ddition
NAME				3 2 NAME							
STREET ADDRESS				3.3 STREE	T ADI	DRESS					
CITY+ST-ZIP				3 4. CITY-							
TITLE			DELETE	4.1 TITLE	J. 1	•			Chai	nge 🔲 Ad	ddition
NAME				4. 2 NAME						_	1
STREET ADDRESS				4.3 STREET		IDRESS					
CITY-ST-ZIP				4.4 CiTY-5							
TITLE			DELETE	5.1 TITLE		-			Chai	nge An	ddition
NAME				5.2 NAME				•		· _ · ·	
						inoree					
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP			DELETE	5.4 CITY - 9	51- <i>1</i>	ar			Chai	nge 🔲 Ad	ddition
TITLE			T NETELE	6.1 TITLE				L		nyo LIAU	ווטוווטג
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	T AD(	ORESS					
CITY+ST-ZIP				6.4 CITY - S	ST-Z	ZIP			<u>.                                    </u>		

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 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 attriction with an address.

Royal E. Lantz 1. Barda + 3/31/90