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

PROFIT CORPORATION ANNUAL REPORT

1998

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9700003253 (6) DOCUMENT #

WHITE RAVEN CONSULTING, INC.

Principal Place of Business Mailing Address 1003 ISLAND MANOR DRIVE 1003 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/06/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0723840 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HEINLEIN, LEONARD R 1003 ISLAND MANOR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33413 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition TITLE HEINLEIN, LEONARD R NAME 1.2 NAME 1003 ISLAND MANOR DRIVE 1.3 STREET ADDRESS STREET ADDRESS **WEST PALM BEACH FL 33413** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Channe Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ___ Addition 4 1 TITLE TITLE 4. 2 NAME MALE 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2#P Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 attachment with an address.

SIGNATURE