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 # P9700005817 (6)

PRINCE WILLIAM CONSULTANT CORPORATION

Principal Place of Business Mailing Address

FILED
Jan 28 1998 8:00am
Secretary of State



26123 FAWNWOOD COURT BONITA SPRINGS FL 34134				26123 FAWNWOOD COURT BONITA SPRINGS FL 34134					3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1997						
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number				TA	pplied For	
21				26						59-342	0818				ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of S	tatus Desired	j [j ;		Additional lequired		
City & State				City & State				6.	Election Camp	_	Jg	1		May Be		
Zip	Country			Zip Country				+-	Trust Fund Cor					to Fees		
24	25 29			—	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No								
		gistered Agent					10. Name and Address of New Registered Agent									
HAI	AP, WILLIAM	A III				81	Na	me					 -	••••		
261				Street Address (P.O. Box Number is Not Acceptable)												
	NITA SPRING					82	30	eet Add	11622 (1	use (+.C. Dox raumper is raut Acceptable)						
						83	ļ									
						84	Cit	У			***************************************		FL	35 Zip	Code	
11. Pursuant t	o the provision	s of Sections	607.0502 an	d 607.1508, Florida	Statutos	the ebour	e-na	ned con	noraling	n submite this e	latement for	he nurno	se of ch	anging :	ite registered	
office or re	agi ste red ager	it, or both, in i	the State of F	lorida. Such chang is of, Section 607.0	ie was auth	orized by	v the	corpora	tion's b	poard of director	s. I hereby a	ccept the	appoin	ment as	registered	
SIGNATURE																
Signature, typed or printed name of registered agent and title if applicable (NOTE:							Registered Agent signature requir			ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	Ď	UFFIL	EHS AND DI	RECTORS DEL	ETC	13.				ADDITIONS/CH/	ANGES 10 C	FFICERS		Change	RS IN 12	
NAME	HAMP, WII	A LAME A DE			116	1.1 TITLE 1.2 NAME								Change	☐ ₩anition	
STREET ADDRESS		VNWOOD C	ALIDT			1.3 STREET	A D D D	ree l								
CITY-ST-ZIP		PRINGS FL				1.4 CITY-S		133								
TITLE	DOMIN O	I IMTOO I E	01101	DEL	ETE	2.1 TITLE	11-2IF	\rightarrow					П	Change	Addition	
NAME						2.2 NAME								•		
STREET ADDRESS						23 STREET	ADDR	ESS								
CITY-ST-ZIP						2. 4 CITY-5	ST-ZIP									
TITLE				☐ DEL	ETE	3.1 TITLE				4 1 da	<u> </u>	·		Change	Addition	
NAME						3.2 NAME										
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CITY-ST-ZIP						3.4. CITY-5	ST-ZIP									
TITLE				☐ DELI	ETE	4.1 TITLE								Change	Addition	
NAME					ľ	4. 2 NAME										
STREET ADDRESS						4.3 STREET		SS								
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TITLE				☐ DELI	: I L	5.1 TITLE							Ц	Change	☐ Addition	
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STREET ADDRESS						5 3 STREET		:SS								
TITLE		<u> </u>		DELE	FTÉ	5.4 CITY-SI 6.1 TITLE	1 - ZIP			·				Change	Addition	
NAME					- 1 16	6.2 NAME							ليا	งกอเญช		
STREET ADDRESS				•		6.3 STREET	ADDD	200							į	
CITY-SI-ZIP								.00								
14. I hereby co	ertify that the in	nformation su	pplied with th	is filing does not q	ualify for th	6.4 CITY - ST e exempt	tion s	tated in	Section	n 119.07(3)(i). F	lorida Statute	s. I furthe	er certify	that the	information	
indicated of officer or d	on this annual i lirector of the c	report or supportion or	olemental ann the receiver	nual report is true a or trustee empowe ent with an address	nd accurati red to exec	e and tha	at my	signatu	re shall	I have the same	legal effect	as if mad	le under	oath: the	at I am an	

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