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

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc

APT 525

27

28

380 GULF OF MEXICO DRIVE

dame no

LONGBOAT KEY FL 34228

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

LONGBOAT KEY FL 34228

380 GULF OF MEXICO DRIVE

2. Principal Place of Business

Sulte, Apt. #, etc.

SIGNATURE: X

City & State

23

Same



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

П

x4/27/98 x

8299

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

US-0738144

<u>01/28/1997</u>

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008620 (1)

LONGBOAT KEY CONSULTING GROUP INC.

Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes XNo Zip Country Zip Personal Property Tax due June 30. 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name *GASSMAN, NORMAN S 380 GULF OF MEXICO DRIVE Street Address (P.O. Box Number is Not Acceptable) **APT 525** 83 LONGBOAT KEY FL 34228 84 City Zip Code * Incocleer 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. SIGNATURE Signature, typed or prinked name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT DELETE Change TITLE 1.1 TITLE NORMAN S. NAME 12 NAME 380 GULF of MEXICO Dr BAL 2.72 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE □ DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP ___ DELETE Change Addition TIM F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition 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 correction 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, for on an attachment with an address.