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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DOCUMENT #

A POSITIVE APPROACH CONSULTING SERVICES, INC.

Apr 20 1998 8:00am Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000013846 (5)



FILED

Principal Place of Business Mailing Address					i idalitat ein ibili ibate Batel anete abere Batel eines seint state rest arat			
132 QUAIL RUN 132 QUAIL RUN								
CRAWFORD	VILLE FL 32327	CRAWFOR	DVILLE FL 32	327		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	THOUSE THE STATE OF THE STATE O	
						02/12/1997		
9 Principal F	Place of Business	2a, Mailing /	Andress			4. FEI Number	Applied For	
	INCO OF ECONIDOS	26	}-¬			59-3460023	Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.				¢0.75 Additional	
22		—-	27			6. Certificate of Status Desired	Fee Required	
City & Sta	te		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	·		28			Trust Fund Contribution		
Zip	Country	Zip		Countr	у	8. This corporation owes or has paid th	ne current vear Intangible	
24	25	29		30		Personal Property Tax due June 30.	Yes K No	
	9. Name and Address of Curr		ent	1		10. Name and Address of New Regist	ered Agent	
N	EMAN, HOPE			81	Name			
132 QUAIL RUN				200	82 Street Address (P.O. Box Number is Not Acceptable)			
	RAWFORDVILLE FL 32327				Street Add	daress (P.O. Box Number is Not Acceptable)		
U	IVATIFORD TRUE FL 32321			83	 			
				84	City		FL 85 Zip Code	
44 0	to the provinces of Sections 607.0	E00 and 607 1609 1	Elorido Ctotul	ton the abou	to pamod co	rporation submits this statement for the purp	ose of changing its registered	
office or	registered easent or both, in the Sta	ite of Florida. Such r	channa was i	authorized b	iv the carpar	ation's board of directors. I hereby accept the	e appointment as registered	
agent. Fa	am familiar with, and accept the obl	igations of, Section	607.0505, Ft	orida Statute	S.			
SIGNATURE	Hope Nieman						DATE	
40	Signature, typed or printed name of registered	Spent and little if applicable	(NO	13.	ent signature requ	uired when roinstaling) C ADDITIONS/CHANGES TO OFFICERS		
12.	, ,		DELETÉ	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change Addition	
TITLE	President	L	_ occent		į			
NAME	Hope Nieman 132 Quail Run			1.2 NAME	i			
STREET ADDRESS	crowfordville, FL 323				T ADDRESS			
CITY-ST-ZIP	1000-101 001 ME, 72 323		DELETE	1.4 CITY-	ST-ZIP		Change Addition	
TITLE	1	L	_ DECE IE	2.1 TITLE			C Change C Addition	
NAME				2.2 NAME				
STREET ADDRESS	İ			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			7 5575	2. 4 CITY-	-ST-ZIP		06000 [] 444900	
TITLE	!	L	DELETE	3.1 TITLE			Change Addition	
NAME	1			3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP]			3.4. CITY-	ST-ZIP			
TITLE		T	DELETE	4.1 TITLE			Change Addition	
NAME				. 4. 2 NAMI				
STREET ADDRESS				4.3 STREE	1 ADDRESS		ļ	
CITY+ST-ZIP				4.4 CITY -	ST-ZIP			
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY				
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME		_		6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	į.			6.4 CITY-	OLLER			

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.

4-15-98 2025-00