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

PROFIT 4 **CORPORATION ANNUAL REPORT**

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham' *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015340 (7)

FEINBERG CONSULTING, INC.

Principal Place of Business		Mailing Address			I Bredd folst Brast Bast (Bat
318 TIMBERWOOD COURT		318 TIMBERWOOD COURT			
PALM BEACH GARDENS FL 33418		PALM BEACH GARDENS FL 33418		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	7,02
				02/18/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0737808	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	7 _(P)	Country	This corporation owes or has paid the current	
24	25	29	30		Yes No
	9. Name and Address of Current			10. Name and Address of New Registered A	Agent
FEI	NBERG, STANLEY		. 81 Name		
318 TIMBERWOOD COURT			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PAI	LM BEACH GARDENS FL 33418				
			83		·
4			84 City	FL	85 Zip Code
At Discount to the provisions of Sections 607 (4.02 and 607 14.09 Elegista Statutes the above named compration 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. Hiereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed harror of region red age:		Tit: Registered Agent signature req		DIDECTOR IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	FEINBERG, STANLEY		1.2 NAME		
STREET ADDRESS	318 TIMBERWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	1.4 CITY-ST-ZIP		Ī
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY - ST - 7IP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY+ST-ZIP		C priete	3.4. CITY-ST-ZIP		Change Addition
TITLE		LJ DELETE	4.1 TITLE		L change L Audition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Secure	5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
			0.044445		

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 of an attachment with an address.

FILED

Apr 14 1998 8:00am

Secretary of State