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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MEN 1 # P97000 R CONSULTING GROUP, INC	016894 (2) :			
Principal Plac	e of Business	Mailing Address			inla drint edien smilt midt indt
11901 14TH STREET NORTH 11901 14TH STF APT, 706 APT, 706		11901 14TH STREET NORTH	Н		
	JRQ FL 33716	ST. PETESBURG FL 33716		DO NOT WRITE IN THE	\$ SPACE
ľ				3. Date Incorporated or Qualified 02/13/1997	<u> </u>
	Place of Business	2a. Mailing Address	212	4. FEI Number	Applied For
21 (040) Suite, Apt.	2 Jumbury Oak Dr.	26 16402 Tumb Suite, Apt. #, etc.	ury LOK Dr.	34-34 273 13	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	sa FL	City & State	=	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	702551	Country	8. This corporation owes or has paid the c	
24 555°	25 9. Name and Address of Current I	29 5500 3	0	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
BARNETT, SCOTT F J.D.LIM 81 Name					
	8 EAST DAVID BLVD.		82 Street Addr	ress (P.O. Box Number in Not Acceptable)	
ſ	NTE 205			ess (r.O. Box Number 2 140(Acceptable)	
TA	MPA FL 33606-3756		83	· · · · · · · · · · · · · · · · · · ·	
			84 City	F	85 Zip Code
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, typoid or printed name of registered agent a	and site if amplicable (NOTE: f	Registered Agent signature requir	ed when reinstating) DATE	
12.	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	President	DELETE	1.1 TITLE		Change Addition
NAME	Jerry Foster -17	k Dr.	1.2 NAME		
STREET ADDRESS	16402 Turnbury Oa		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	006224 Fr 2222	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	Vice President		2.2 NAME		C Originals C Manufacture
STREET ADDRESS	Susan Johns toster	DU	2.3 STREET ADDRESS		
CITY-ST-ZIP	Odessa, FL 33556		2.4 CITY-ST-ZIP		
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAMÉ		
STREET ADDRESS			4.3 STREFT ADDRESS		١
CITY-ST-ZIP		Document	4.4 CITY-ST-ZIP		[] 66 [] 22-8
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CERCET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELÉTE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		ford become	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
-11 1 Mr. P.11					

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 suppliemental 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.

4/2/- 198 (812) 920-2949

FILED

Jun 02 1998 8:00am

Secretary of State