

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000021223 (7)**

1. Corporation Name

POLICY RESEARCH CONSULTING, INC.

Principal Place of Business

3135 39TH AVE NORTH, SUITE 1
ST PETERSBURG FL 33714

Mailing Address

3135 39TH AVE NORTH, SUITE 1
ST PETERSBURG FL 33714

2. Principal Place of Business

21 **424 - CENTRAL AVENUE**

Suite, Apt. #, etc.

22 **SUITE 800**

City & State

23 **ST. PETERSBURG, FLORIDA**

Zip

24 **33701**

Country

25 **Pinellas**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 **SUITE 800**

City & State

28 **ST. PETERSBURG FLORIDA**

Zip

29 **33701**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

MONGKUO, MAURICE DR.
3135 39TH AVE NORTH, SUITE 1
ST PETERSBURG FL 33714

PAID
11-18-98
PAID
CEN 1144 NOV 11-4-98

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 printed name of registered agent and title if applicable

MAURICE DR. MONGKUO

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT/CEO

12/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MONGKUO, MAURICE DR**
STREET ADDRESS **3135 39TH AVE NORTH, SUITE 1**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE: **MAURICE DR. MONGKUO**

10/15/98

CR2E034 (5/98)

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