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).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthâm 🖰

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024122 (8)

SOLE SOURCE CONSULTING, INC.

1232 12TH COURT 1232 12TH COURT JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0737627 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\bigcap \) No 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERTS, LAURA B 2808 NE **35TH** ST Street Address (P.O. Box Number is Not Acceptable FT LAUDERDALE FL 33306 83 City Zip Code 334~ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when reinstating) CR2E034 (5/98) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DRESIDENT DELETE Change X Addition NAME 1.2 NAME IRA B. ROBERTS STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change AA B. ROBERTS NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 12TH COURT 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE) Change Addition 1 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 41 TITLE DELETE ___ Change AULA 6. ROBBUTS NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

in Block 12 or Block 13 if changed, or

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

FILED

Aug 26 1998 8:00am

Secretary of State