


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

**FILED**

**Mar 10 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000024199 (6)</b> 1. Corporation Name <b>L &amp; G MANAGEMENT CONSULTANTS, INC.</b>					
Principal Place of Business <b>P.O. BOX 1548 HOLMES BEACH FL 34217</b>			Mailing Address <b>P.O. BOX 1548 HOLMES BEACH FL 34217</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>104 78TH STREET</b> 23 City & State <b>HOLMES BEACH, FL</b> 24 Zip <b>34217</b> 25 Country <b>U.S.A.</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <b>HOLMES BEACH, FL</b> 28 Zip <b>34218</b> 29 Country <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>03/12/1997</b> 4. FEI Number <b>59-3432248</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KELLY, CHARLES M JR 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 34105</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>D LA TORRE, L. DONALD</b> <b>P.O. BOX 1548</b> <b>HOLMES BEACH FL 34217</b> 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>D LA TORRE, L. DONALD</b> <b>104 78TH STREET</b> <b>HOLMES BEACH FL 34217</b> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>		



DO NOT WRITE IN THIS SPACE

SIGNATURE:

**L. Donald La Torre, L. DONALD LATORRE 1/30/98 941/778-5480**

CR2E034 (10/97)