

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000026737 (1)**

1. Corporation Name

WRIGHT CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business

**3300 UNIVERSITY DRIVE
SUITE 225
CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DRIVE
SUITE 225
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

65-0738887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **7150 Sunset Way, #701E**

Suite, Apt. #, etc.

701 E

City & State

23 **St. Pete Beach, FL**

Zip

24 **33706**

Country

2a. Mailing Address

27 **7150 Sunset Way, 701E**

Suite, Apt. #, etc.

701 E

City & State

28 **St. Pete Beach, FL**

Zip

29 **33706**

Country

9. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 10TH STREET
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent

81 Name
Diane K. Sommerer, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
3300 University Drive, #225
83
84 City
Coral Springs, FL 85 Zip Code
FL 33065

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

Diane K. Sommerer, Esquire

3/20/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, ALEXANDRA P	
STREET ADDRESS	3300 UNIVERSITY DR, STE 225	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOMMERER, DIANE K	
STREET ADDRESS	3300 UNIVERSITY DR, STE 225	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7150 Sunset Way, #701E
1.4 CITY - ST - ZIP	St. Pete Beach, FL 33706

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alexandra P. Wright

813
4/13/98 360-2587

CP2E034 (10/97)