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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031020 (5)

21ST CENTURY CONSULTING, INC.

)
P	Principal Place of Business Mailing Address						i tentilder bie thirr inter entil houst main unit breit binit maire timtt dan in
	200 SOUTHEAST 15TH ROAD UNIT 15-E MIAMI FL 33129	200 SOUTHEAST 15TH ROAD UNIT 15-E MIAMI FL 33129					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
2. 21	Principal Place of Business	2a 26	. Mailing Address			_ 	04/07/1997 4. FEI Number Applied Fo Not Applied Fo Not Applied Fo
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
23	City & Stato	28	City & State				8. Election Campaign Financing Trust Fund Contribution Added to Fees
24		29	Zip	30	ountry		8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes No
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
	AMERILAWYER CHARTERED 343 ALMERIA AVENUE					Name	
CORAL GABLES FL 33134					82	Street Addre	ss (P.O. Box Number is Not Acceptable)
Ì	OUTE WINES TO SOLVE				83	_,	
					84	City	FL 85 Zip Code
13	Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblid	of Flori	da. Such change was	authoriz	ed by	the corporation	ration submits this statement for the purpose of changing its registe on's board of directors. I hereby accept the appointment as registere

11. Pursuant to the provisions of Sections 607.05.02 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 repotent agent and their appreciate (NOTE Registered Agent signature required when reinstating) PATE PATE											
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PTSD	DELETE	1.1 TITLE	Change Addition							
NAME	MARCUS, BRENDA W		1.2 NAME								
STREET ADDRESS	200 SOUTHEAST 15TH ROAD		13 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP								
TITLE	V0	DELETE	2.1 TITLE	Change Addition							
NAME	MARCUS, PHILLIP L		2.2 NAME								
STREET ADDRESS	200 SOUTHEAST 15TH ROAD		2 3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY-ST-ZIP								
TITLE		DELETE	31 TITLE	☐ Change ☐ Addition							
NAME			3.2 NAME								
STREET ADDRESS			3 3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>							
TITLE		☐ DELETE	4.1 TITLE	Change Addition							
NAME			4 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY -ST - ZIP			4.4 CITY - ST-ZIP								
TITLE		☐ DELE1E	51 TITLE	☐ Change ☐ Addition							
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-S1-ZIP			54 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE	Change Addition							
NAME			6.2 NAME	j							
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY - ST - ZIP	C. C. 440 07(01/2) C. 45							

FILED

May 08 1998 8:00am

Secretary of State