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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

pal Place of Business	Mailing Address
us highway one #108	860 US HIGHWAY ONE #108
Th Palm Beach Fl 33408	NORTH PALM BEACH FL 33408

FILED May 05 1998 8:00am Secretary of State

1.		PLE-K WIR	# P970 ELESS CONSU	ILTANTS, INC	•)			
Pr	incipal Plac	ce of Busines	s	Mailing A	Address		1 1003/0E1 110 10411 10011 00111 00111 00	III abida i iii a a iiai isai a ai	
860 US HIGHWAY ONE #108			860 US	HIGHWAY ONE	#108				
NORTH PALM BEACH FL 33408			NORTH	PALM BEACH I	FL 33408	DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	IN THIS SPACE	
							04/23/1997		
2.	2. Principal Place of Business				ng Address		4. FEI Number	Ar	oplied For
21	21			26	_]		ot Applicable
	Suite, Apt. #, etc.			Suite	Apt. #, etc.		5. Certificate of Status Desired		Additional
22				27			b. Certificate of Status Desired	Fee Re	equired
-	City & State				City & State		6. Election Campaign Financing \$5.00 May Be		
23	7in	Page Country			28		Trust Fund Contribution Added to Fees		
24	Zip		Country	Zip		Country	8. This corporation owes or has pa		
24		g Name	and Address of Cu	rrent Registered	Agent	30	Personal Property Tax due June 10. Name and Address of New Re] No
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City H Palm Back FL 85 Zip Code 33 HOS 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 registere office or registered agont, 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 acceptable of the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature Infective Ventions of Inequired and the day families (INCIT) Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITL	.E	PSTD			DELETE	1.1 TITLE		☐ Change	Addition
NAN	AE	ROEHR	s, John D			1.2 NAME			
STREET ADDRESS 860 US HIGHWAY ONE #108			108		1.3 STREET ADDRESS				
CIT	Y-ST-ZIP	NORTH	PALM BEACH FL	33408		1.4 CITY-ST-ZIP			
TITL	E				DELETE	2.1 TITLE		Change	Addition
NAN	AE -					2.2 NAME			
STR	EET ADDRESS					2.3 STREET ADORESS			
	Y-ST-ZIP					2. 4 CITY - ST - ZIP			
TITL					DELETE	3.1 TITLE		L Change	Addition
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STR	EET ADDRESS					3.3 STREET ADDRESS			ŀ
	(-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		_ 	OFFEE	3.4. CITY-ST-ZIP			J
TITL					DELETE	4.1 TITLE		Change	Addition
NAM						4. 2 NAME			
	EET ADDRESS					4.3 STREET ADDRESS			
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	EET ADDRESS					5.2 NAME			
						5.3 STREET ADDRESS			
TITL	'-ST-ZIP E				DELETÉ	6.1 TITLE		Change	Addition
NAM					المالية المالية	6.2 NAME		C Directle	☐ Wollow
		•							
	EET ADORESS	,				6.3 STREET ADDRESS			
	-ST-ZIP	certify that the	information supplie	d with this filing do	os not qualify f	or the exemption stated in	Section 119 07/3\(ii) Florida Statutes 11	inthor portify that the	Information

Indicated on this annual report or supplied with this him globes not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the informatio 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 empropered 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 adjacement with an address.