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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P97000037912 (7)

2020 FINANCIAL CONSULTANTS, INC.

## FILED Feb 27 1998 8:00am Secretary of State

# # 10 TO COLO 1 10 TO 1

Principal Place	e of Business	Mailing Address			
7201 S.W. 110TH TERRACE 7201 S.W. 110TH TERRACE			OF .		
MIAMI FL 93156		MIAMI FL 33156			
				DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
2. Principal Place of Business 28. Mailing Address				04/29/1997 4. FEI Number	Applied For
21		[26]		65-074756C	Not Applicable
Suite, Apt. #, etc		Suite, Aprt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		[28]		Trust Fund Contribution	Added to Fees
Zip 24	Country	Z(p)	Country	8. This corporation owes or has paid the cu	
24]	25   9. Name and Address of Curren	[29]	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Agent No
AM	ERILAWYER CHARTERED		81 Name	· / S-/- /- /-	Nann
AND AVAILABLE AND					
343 ALMEHIA AVENUE  CORAL GABLES FL 33134  Sirget Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134					
			83		
			84 Gity		as 7in Codo
			MIA	<i>#/</i> FL	. 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose of	changing its registered
agent la	miliar will and won the obligation	ations of, Section 607.0505, Fig	orida Statutes.	poration's board of directors. I hereby accept the application's board of directors.	oonlineni as registered
SIGNATURE	MOT AND			2/13/	98
12.	Sightful typictor profest naive of republic tage.  OFFICERS AND		Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTODS IN 12
TITLE	PSTD	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICE IS AN	Change Addition
NAME	SCHECKNER, MARTIN L	23 *****	1.2 NAME		
STREET ADDRESS	7201 S.W. 110TH TERRACE	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		l
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF		THE SAME	3.4. CHTY-ST-ZIP		
TETLE		DELETE	4 1 TITLE		☐ Change ☐ Addition

14. Thereby 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 test way or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, grow an attribution with an address.

2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-S1-ZIP

2/13/98

Addition

Addition

Change

Change