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

FILED Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000040430 (5) NORTH KARLOVASSI CONSULTING GROUP, INC. Principal Place of Business Mailing Address 1572 CARRINGTON AVENUE 1572 CARRINGTON AVENUE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3445160 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zıp Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GEORGIOU. GREGORY A 1572 CARRINGTON AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 84 City 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, typod or practed name of regeleted agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition GEORGIOU. GREGORY A NAME 1.2 NAME 1572 CARRINGTON AVENUE STREET ADDRESS 1.3 STREET ADDRESS **WINTER SPRINGS FL 32708** CITY-S1-2IP 1.4 City - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET AUDRESS 34. CITY-SY-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 logal 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.

5.4 CITY - ST - ZIP

63 STREET ADDRESS

6.1 TITLE 62 NAME

DELETE

SIGNATURE: Treeny A Georgian

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

December 31, 1997

407.359-9204

Addition

Change