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

DOCUMENT # 1. Corporation Name P97000043414 (6)

BERGHUIS CONSULTING COMPANY

Principal Place of Business Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



9903 NICOMA LANE OFLANDO FL 32817			mamig ricoroso	maning / to areas									
			9903 NICOMA LANE ORLANDO FL 32817										
			UNLANDO FL 32017	UNLANDO PL 32617			DO NOT WRITE IN THIS SPACE						
						3	3. Date Inc	corporated	or Qualifie	ed	••		
							05/12	2/1997					
2.	Principal Place of Busi	iness	2a. Mailing Address			4	4. FEI Num					Ap	plied For
21	·		26				59.	- 34	476	الأواط	<u> </u>		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8		dditional
22			27			5	5. Certifica	ite of Statu	s Desired				quired
$\overline{}$	City & State		City & State			6	6. Election	- Campaign	Financing	9	\$!	5.00	May Be
23		· · · · · · · · · · · · · · · · · · ·	28				Trust Fu	nd Contrib	ution		A	dded t	o Fees
	Zip	Country	Zφ	Country 30	′	8				paid the c			
24	24 25 29 29 9, Name and Address of Current Registered Agent							I Property		une 30. Registered	Yes] No
			ur uadistalan Matir	81	Nan		U, Name a	IIU AUGIES	SE OI MOM	vedistelet	Agent		
DENGINUS, WARREN L													
	9903 NICOM ORLANDO F			82	Stre	et Address ((P.O. Box N	N umber is	Not Accer	otable)			
	ONLANDO P	L 32011		83									
				84	City	,				FI	85	Zip (Code
11	Pursuant to the provis	sions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the abov	L e-nam	ed corporati	ion submits	this state	ment for th			aing ite	s registered
	office or registered a	gent, or both, in the State	of Florida, Such change was pations of, Section 607,0505, FI	authorized bi	vithe c	corporation's	board of c	irectors. I	hereby ac	cept the ap	pointme	ent as	registered
	-	ntil, and accept the ornig	pations of, occitor doz.osco, Fr	Orida Statute	3.								
SIC	Signature type	d or printed name of registered ag	ent and title it applicable (NOI	E: Flegistered Ag	ent signa	ature required who	nen reinstating)			DATE			
12			ID DIRECTORS	13.			ADDITION	NS/CHANG	ES TO OF	FICERS AN	ID DIRE	CTOR	S IN 12
TIT	£ D		DELETE	1.1 TITLE	•						C		Addition
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CIT		IDO FL 32817		1.4 CITY - 5	ST - ZIP								
TITL			☐ DELETE	. 2.1 TITL€			**	-			□ Ct	ange	Addition
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	1				Annorr	e [
	EET ADDRESS			6.3 STREET		20							
	/-ST-ZIP	o information cumplied u	vith this filing does not qualify fo	6.4 CITY-S		tated in Secti	ion 110 07	(a)(i) Elevis	da Ctatuda	a I further	artification	at the	information

Inereoy ceruly that the information supplied with this filling 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.