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PROFIT* **CORPORATION** ANNUAL REPORT

1998

CICNATIIDE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1998 8:00am

Secretary of State

1-4-1698 561-588-1773

Secretary of State DIVISION OF CORPORATIONS

P97000046288 (1) DOCUMENT

GRAHAM CONSULTING GROUP, INC.

Principal Place of Business Mailing Address 1528 N. DIXIE HIGHWAY 1528 N. DIXIE HIGHWAY SUITE 1 SUITE 1 DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 25-076240 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAHAM, WILLIAM J JR. 1528 N. DIXIE HIGHWAY 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 LAKE WORTH FL 33460 84 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE D 1.1 TITLE GRAHAM, WILLIAM J JR. NAME 1.2 NAME 1528 N. DIXIE HIGHWAY, SUITE 1 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33460 1.4 City - St - 7IP TITLE DEL ETE ☐ Change Addition 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplies 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 supplier contains 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 add see.