## 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

	MENT # P9700 CONSULTING, INC.	0046741 (9)				
Principal Place of Business Mailing Address				{	NILIY 19834 91004 1101 1041	
	F <b>ede</b> ral Hwy	1095 SOUTH FEDERAL HWY				
SUITE 209 DELRAY BEACH FL 33483		SUITE 209 DELRAY BEACH FL 33483			DO NOT WRITE IN THIS S	PACE
promit ben	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified	
6 Dringing D	lead at Duringer	2a, Mailing Address			05/28/1997 4. FEI Number	
2. Principal Place of Business 21		26. Walling Address		4. PELINUMDEI	Applied For Not Applicable	
Suite, Apt	#, <del>0</del> 1C	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		· <del></del>	5. Certificate of Status Desired	Fee Required
City & State	0	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7 <sub>ip</sub>	Country	,	Trust Fund Contribution LJ  8. This corporation owes or has paid the curr	Added to Fees
24	25	h	30			Yes No
	9. Name and Address of Curre	nt Registered Agent	81	f =	10. Name and Address of New Registered A	gent
AMERILAWYER CHARTERED				Name		
343 ALMERIA AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134		83			
			84	City		85 Zip Code
				• •,	FL orporation submits this statement for the purpose of	
SIGNATURE	m familiar with and accept the oblig Signature spector protest niner of representation	,			Quireo when joinstaking) DANE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	TIELENS, STEVEN R		1.2 NAME			
STREET ADDRESS	1035 S FEDERAL HWY, STE	209	13 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483	DELLIE	1.4 CHY-S	ST - ZIP		Change Addition
TITLE NAME	<b>VS</b> D Tielens, cynthia a	בן שנוונ	2.1 (III.E 2.2 NAME			Change Houldon
STREET ADDRESS 1035 S FEDERAL HWY, STE 209		209	2.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2 4 CITY-5	ST-ZIP		
TITLE	DELFTE		3.1 TITLE			Change Addition
NAME CTOSES ADDRESS			3.2 NAME	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET 3.4 CITY-S			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		Thrute	4.4 City - S	it - ZiP	<del></del>	Change Addition
TITLE NAME		C DELETE	5.1 TITLE 5.2 NAME			Virange Audillon
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	1		
TITLE		DELFTE	6.1 TITLE		80000256835	Change Addition
NAME			6.2 NAME		06/22/98 - 01116 - 02	). W
STREET ADDRESS			6.3 STREET	ADDRESS	***150,00	. 06°

6.4 CITY - \$1 - ZIP 14. I hereby 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 supplied entitle 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.

4/20/00

**FILED** 

Jun 22 1998 8:00am

Secretary of State