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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

SIGNATURE:

P 97000046942

DR. FURCH - CONSULTING, INC.

Principal Place of Business
2818 S.W. 49th TERRACE

Mailing Address

6371-4 PRESIDENTIAL COURT FORT MYERS. FL 33919

FILED Mar 06 1998 8:00am Secretary of State

CAPE CORAL, FL 33910		FORT MYERS,	FL 33	919	DO NOT WRITE IN 1	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 5/27/97			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0804503			
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	— \$8.75 Additional		
City & State	0	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28						
Zip	Country Zip Country			/	8. This corporation owes or has paid th	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	_ · _ · _ · _ · _ · _ · _ · _ · _ · _ ·		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name	ANDREW G. JESSEN			
•			82	Ctroot				
			02	Street	Address (P.O. Box Number is Not Acceptable)		`	
_			83	 	6371-4 PRESIDENTIAL COUR			
•			84	City		lor l	Zıo Code	
					FORT MYERS	FL °°	Z ₁₀ , Code 33919	
office or re	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of familiar with and accept the obligations.	f Florida Such change was a	authorized by	the corp	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	se of chang appointmen	ing its registered it as registered	
SIGNATURE _		***				ĀTE.		
12.	Signature hyped or printed half of all regiscoled agent OFFICERS AND		13.	ent signature	required when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
TITLE	D	□ DELETÉ	11 TITLE		ABBITIONS, OF PROCESS	☐ Cha		
NAME	-		1.2 NAME					
STREET ADDRESS	Toker, Tobles			ADDRESS				
		=						
CITY-ST-ZIP TITLE	FORT MYERS, FL 339	DELETE	1.4 CITY - 5 2.1 TITLE	ol-Zir		Cha	ange Addition	
NAME	D	pa bitter	22 NAME	ļ		<u></u> 000	ings natation	
(FURCH, AGNES-KLINGBEIL 6371-4_PRESIDENTIAL CT.			ADBRESS				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	FT. MIERS, PL 3390	DELETE	2 4 C(TY-)	51-ZIP		□ Cha	ange	
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STREET ADDRESS			3 3 STREET				j	
CITY-ST-ZP		DELETE	3.4. CITY - 5	51 - ZIP		□ Cha	ange	
TITLE		FT DELETE	4 1 TITLE			LI Cila	inge 🗀 Addition :	
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREET				1	
CITY-ST-7IP		DOLLETE	4.4 CITY - S	T - ZIP				
TITLE			5 1 TITLE		000024500499 Addition -03/03/3801013006			
NAME			5.2 NAME		- <u>na/na/a80101</u> :	3006	-	
STREET ADDRESS			5 3 STREET	- 1	***150.00		ĺ	
CITY-ST-ZIF			54 CITY - S	1-2 P	TOTAL COLL			
TITLE		☐ DELETE	6 1 3iTLE			☐ Cha	ange 🔲 Addition	
NAMÉ			62 NAMÉ			_		

6.3 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 lie information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under own; that I am a officer or director of the corporation or the receiver of 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 charged for on an attaching with an address.