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 # P9700052392 (2) EXECUTIVE RESULTS, INC.						
Principal Place of Business Mailing Address						
1516 SEAGUI	LL DRIVE	1516 9	SEAGULL DRIVE			
#303 #303					DO NOT WRITE IN THIS SPACE	
PALM HARBO	DH FL 34685	PALM	HARBOR FL 34685)	3. Date Incorporated or Qualified	
					06/13/1997	
2. Principal F	Place of Business	2a. Mai	ling Address		4. FEI Number Applied For	
21		26			57-3456/9/ Not Applicable	
Suite, Apt.	#, etc.		e, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional	
22 City & Ctol		27	P Ctota		Fee Hequired	
City & Stat	le .	28	& State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	·	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29		30	Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curren	t Registered	d Agent	<u> </u>	10. Name and Address of New Registered Agent	
BECERRA, RICHARD 3579 DEER RUN SOUTH PALM HARBOR FL 34684				84 City	SECGERA KICHAYU diress (P.O. Box Number is Not Acceptable). 26 - 303 SEAGUIL DIVE TO HAP 80 - FL 85 Zip Code 34685	
office or agent. I a	registered agent of both in the State an application and acceptance obligations and acceptance of the state o			authorized by the corpor orida Statutes. E. Ringistered Agent signature req	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
12,	OFFICERS AND	DIRECTOR	RS.	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Richardeccom 1576-303 Scapull Palm Harber, ALD		DELETE	1.1 TITLE	Change Addition	
NAME	Richardsecer			1.2 NAME	•	
STREET ADDRESS	15/6-803 Scayull	prive		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARRES, 440	DA	4633	1.4 CITY - ST - ZIP		
TITLE			[]] DELETE	2.1 TO LE	Change Addition	
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition	
NAME			L_ DELETE	3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			DELETE	51 TITLE	Change Addition	
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE1 ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			DELETE	6.1 TITLE	Change Addition	
NAME				6.2 NAME	,	
STREET ADDRESS				6.3 STREET ADDRESS		

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 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 requirer or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged in the address.

SIGNATURE:

30/88 (813)>84-60 HY

FILED

Feb 09 1998 8:00am

Secretary of State