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 P97000052408 (6)

CARDINAL POINTS CONSULTING, INC.

25

STRONG, CHRISTOPHER J

ST PETERSBURG FL 33710

3247 49TH ST N

Principal Place of Business

22

Mailing Address

2a. Mailing Address

City & State

Zιρ

Suite, Apt. #, etc.

26

28

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g. Name and Address of Current Registered Agent

256 19TH AVE NE ST PETERSBURG FL 33704

2. Principal Place of Business
21 4 Av NE

256 19TH AVE NE ST PETERSBURG FL 33704

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1997 Applied For 59-345 3862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Zip Code

63 84 City

Country

Name

30

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, typod or printed name of registered agenit and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE President Change Addition HANCY E BAHLS 256 19 AV NE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS St. Pexerstonic FL 33701/ CITY-ST-ZIP 1.4 CITY-ST-ZIP D€LETE TITLE Change 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-2IP

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 suppliemental annual report is threfand 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 officer or director of the corporation or the Block 12 or Block 13 if changed, or of an

4/5/08

(G.2) 821 - 9913