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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

3/20/90

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000053028 (1)

GILES CONSULTING CONTRACTORS, INC.

Principal Place of Business Mailing Address 2008 HOLLYWOOD BLVD. 2006 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0825831 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KORN, GARY A 20803 BISCAYNE BLVD., STE. 200 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 83 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPST Change Addition DELETE 1.1 TITLE TITLE GILES, GLENN 1.2 NAME NAME 2006 HOLLYWOOD BLVD. 1.3 STREET ADORESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-2/P Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY+ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITL€ 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

LAMIL B. GILLET

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 of 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 un 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 no

Block 12 or Block 13 if changed, or on an attachment with an address.