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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053684 (1)

E GUNTHER WILLIAMS CONSULTANTS INC

Principal Place of Business	Mailing Address 1170 A1A. #203 HILLSBORO BEACH FL 33062		
1170 A1A. #203 HILLSBORO BEACH FL 33062			
2. Principal Place of Business	2a. Mailing Address		

FILED Mar 23 1998 8:00am Secretary of State

Principal Plac		Mailing Addr		62			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						06/17/1997	
2. Principal P	cipal Place of Business 2a. Mailing Address 2b			4. FEI Number Applied For Not Applicable			
Suite, Apt	Apt #, etc. Suite, Apt. #, etc. 27			Certificate of Status Desired Section			
City & State City & State			Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	<u>├</u> ─┐ ′	Zip Country		/	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	29 ent Registered Age	3(<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
14.7	LLIAMS, FRANK G			81	Name		
1170 A1A, #203 HILLSBORO BEACH FL 33062			82	Street	t Address (P.O. Box Number is Not Acceptable)		
	EDDOMO DENOMINE OBOUE			83			
				84	City	FL 85 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 Signature, typed or prefed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS		13.	on organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV		DELETE	1.1 TITLE		Change Addition	
NAME	WILLIAMS, FRANK G			1.2 NAME		į	
STREET ADDRESS	1170 A1A, #203			1,3 STREE	ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL 330			1.4 CITY - !	ST-ZIP		
TITLE		L	DELETE	2.1 TITLE		Change [_] Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET			
City-St-ZiP			DELETE	2. 4 CITY-	ST-ZIP		
TITLE			DELETE	3.1 TITLE	ļ	Change [_] Addition	
NAME OFFICE ADDRESS				3.2 NAME			
STREET ADORESS				3.3 STREET			
CITY-ST-ZIP TITLE			DELETE	3.4, CITY- 4.1 TITLE	51-ZIP	Change Addition	
NAME		L J	, >66616	4. 2 NAME	Ì	Li oriengo Li Adutoti (
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET			
TITLE			DELETE	5.1 TITLE	71- \$1F	Change Addition	
NAME			i	5.2 NAME			
STREET ADDRESS				53 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - S			
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME	-		
STREET ADDRESS				63 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CPT - S	ZIP		

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 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 receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FRANK G. WILLIAMS

Mas. 3/11/48 954 426-4947