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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 12 1998 8:00am Secretary of State

| 1. Corporation                | ONSULTING, INC.  | Mailing Address                    |                                       |   |  |
|-------------------------------|--|------------------------------------|---------------------------------------|---|--|
| OVIEDO FL 3                   |  | OVIEDO FL 32765                    | E                                     |   |  |
|                               |  |                                    |                                       | DO NOT WRITE IN THIS SPACE  |  |
|                               |  |                                    |                                       | 3. Date incorporated or Qualified 06/20/1997  |  |
| 2. Principal Pl               | ace of Business  | 2a. Mailing Address                |                                       | 4. FEI Number Applied For   |  |
| 1                             |  | 26                                 |                                       | 59 - 345612 9 Not Applicable  |  |
| Suite, Apt. #, etc.           |  | Suite, Apt. #, etc.                |                                       | 5. Certificate of Status Desired \$8.75 Additional                                  |  |
| City & State                  |  | City & State                       |                                       | Fee Required  |  |
| 23                            | 3  | 28                                 |                                       | 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 X No   |  |
|                               | 9. Name and Address of Cu                                | rrent Registered Agent             |                                       | 10. Name and Address of New Registered Agent  |  |
|                               | AMER, CHARLES W  |                                    | 81 Name                               |   |  |
| 1407 EAST ROBINSON STREET     |  |                                    | 62 Stree                              | t Address (P.O. Box Number is Not Acceptable)                                       |  |
|                               | SUITE E  |                                    |                                       |   |  |
| UR                            | LANDO FL 32801   |                                    | 83                                    |   |  |
|                               |  |                                    | 84 City                               | FL 85 Zip Code  |  |
| SIGNATURE                     | Signature typed or profind came of registers<br>OFFICERS | AND DIRECTORS                      | OTE: Registered Agent signati         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                   |  |
| TITLE                         |  | DELETE                             | 1.1 TITLE                             | James R. Waldron Change Maddition   |  |
| NAME                          |  |                                    | 1.2 NAME                              | 1180 Allendale Dr.  |  |
| STREET ADDRESS<br>CITY-ST-ZIP |  |                                    | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | Quelo FL 32765  |  |
| TITLE                         |  | DELETE                             | 2.1 TITLE                             | Change Addition   |  |
| NAME                          |  | <del></del>                        | 2.2 NAME                              |   |  |
| STREET ADDRESS                |  |                                    | 2.3 STREET ADDRESS                    | **  |  |
| CITY-ST-ZIP                   |  |                                    | 2. 4 CITY - ST-ZIP                    |   |  |
| TITLE                         |  | ☐ DELETE                           | 3.1 TITLE                             | Change Addition   |  |
| NAME                          |  |                                    | 3.2 NAME                              |   |  |
| STREET ADDRESS                |  |                                    | 3 3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP<br>TITLE          |  | DELETE                             | 3.4. CITY - ST - ZIP                  | Change Addition   |  |
| NAME                          |  |                                    | 4. 2 NAME                             | J. State  |  |
| STREET ADDRESS                |  |                                    | 4.3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP                   |  |                                    | 4.4 CITY-ST-ZIP                       |   |  |
| TITLE                         |  | DELETE                             | 5.1 TITLE                             | Change Addition   |  |
| NAME                          |  |                                    | 5.2 NAME                              |   |  |
| STREET ADDRESS                |  |                                    | 5.3 STREET ADDRESS                    |   |  |
| CITY-ST-ZIP                   |  | DELETE                             | 5.4 CITY-ST-ZIP                       | Change Addition   |  |
| TITLE<br>NAME                 |  | L. JUELETE                         | 6 1 TITLE                             |   |  |
| STREET ADDRESS                |  |                                    | 62 NAME<br>63 STREET ADDRESS          |   |  |
| CITY-SI-ZIP                   |  |                                    | 6.4 CITY-ST-ZIP                       |   |  |
|                               | antife that the information a make                       | d with this files does not qualify |                                       | ted in Section 119 07/31(i) Florida Statutos 1 further certify that the information |  |

Thereby curiny that the information supplied with this fining 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 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 this 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.

(407)365-4461