

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056565 (9)

1. Corporation Name
REPLACEMENT CONSULTANTS, INC.



Principal Place of Business
222 LAKEVIEW AVE STE 260
WEST PALM BCH FL 33401

Mailing Address
222 LAKEVIEW AVE STE 260
WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Replacement Consultants

26 3850 NW Boca Raton Blvd

3. Date Incorporated or Qualified
06/26/1997

4. FEI Number

65-07644-74

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #Suite 4

27

City & State

City & State

23 Boca Raton

28

Zip

Zip

24 33431

25 Palm Beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVE STE 260
WEST PALM BCH FL 33401

81 Name

Marc Robbins

82 Street Address (P.O. Box Number is Not Acceptable)

3850 NW Boca Raton Blvd

83 Suite #4

84 City

Boca Raton

FL

85 Zip Code

33431

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

Marc Robbins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KOEPEL, JOEL P
STREET ADDRESS 222 LAKEVIEW AVE STE 260
CITY-ST-ZIP WEST PALM BCH FL 33401 ☒ DELETE

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME Marc Robbins
1.3 STREET ADDRESS 3850 NW Boca Raton Blvd Ste #4
1.4 CITY-ST-ZIP Boca Raton FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE VP/T/D ☐ Change ☒ Addition
2.2 NAME Tom Sivo
2.3 STREET ADDRESS 3850 NW Boca Raton Blvd #4
2.4 CITY-ST-ZIP Boca Raton, Fla 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE VP/D ☐ Change ☒ Addition
3.2 NAME David Dubul
3.3 STREET ADDRESS 3850 NW Boca Raton Blvd Suite #4
3.4 CITY-ST-ZIP Boca Raton, Fla 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

SIGNATURE

Marc Robbins

4-7-98

CR2E034 (10/97)