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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065209 (3)

WINTHROP CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State



3201 SOUTH OCEAN BLVD. #801 3201 SOUTH OCEAN BLVD. #801 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65 - 076866 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country Zip 8. This corporation owes or has paid the current year Intang ble Personal Property Tax due June 30. Yes 24 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GOLDSTEIN, DONALD I** 3201 SOUTH OCEAN BLVD. #801 Street Address (P.O. Box Number is Not Acceptable) HIGHLAND BEACH FL 33487 85 Zip Code 84 City 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DEL ETE Change Daddition ħ TITLE 11 TITLE **GOLDSTEIN, DONALD I** NAME 1.2 NAME 3201 SOUTH OCEAN BLVD. #801 1.3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 33487 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE TITLE **3.2 NAME** NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition Change DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADORESS CITY-ST-2IP 6.4 CITY - ST - ZIP I. Thereby certify that the information supplied with this filing
indicated on this annual report or supplemental annual yield officer or director of the corporation or the receiver or this Block 12 or Block 13 if changed, or on an attachment with loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

n address

I is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in