

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000065624 (3)**

1. Corporation Name

**CNB CONSULTING CORP.**



Principal Place of Business  
**10563 E. CLAIRMONT CIRCLE  
TAMARAC FL 33321**

Mailing Address  
**10563 E. CLAIRMONT CIRCLE  
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>07/29/1997</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>65-0782796</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

**9. Name and Address of Current Registered Agent**

**BROMBERG, CARL  
10563 E. CLAIRMONT CIRCLE  
TAMARAC FL 33321**

**BLANCA ORTIZ**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name	<b>BLANCA ORTIZ</b>
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	<b>9877 WOLFVIEW DR APT 622</b>
<b>83</b>		
<b>84</b>	City	<b>CORAL SPRINGS FL</b>
<b>85</b>	Zip Code	<b>33706</b>

**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

*Blanca Ortiz*

**3/15/98**

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

NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROMBERG, CARL</b>	1.2 NAME	
STREET ADDRESS	<b>10563 E. CLAIRMONT CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P/R Dir</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCA ORTIZ</b>	2.2 NAME	
STREET ADDRESS	<b>9877 WOLFVIEW DR APT 622</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPR. FL 33706</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**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

*Blanca Ortiz*

**3/15/98**

CR2E034 (10/97)