## 5. 7-98 BL710 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 07 1998 8:00am Secretary of State

DOCUMENT #	P97000069154	<b>(7</b> )
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INFUKI	MATION & MANAGEMENT (	CONSULTING, INC.		
Principal Plac	ce of Business	Mailing Address		a toddinddy tid 19tif radii adiif ddiil adiil adiil agiil agiil agiil betii abiil betii
10912 CARNI	ELIAN LN.	10912 CARNELIAN LN.		
RIVERVIEW F	FL 33569-3914	RIVERVIEW FL 33569-39	914	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/08/1997
2. Principal F	Place of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		59-3463604 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat	le	City & State		6. Flection Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	[28]   Z(p)	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	g. Name and Address of Currer	1. 4	1301	10. Name and Address of New Registered Agent
SII	LVER, DENNIS S	5 . T <del></del>	81 Nar	ame
22	50 GULF GATE DR., STE. B.		<b>62</b> Sire	rect Address (P.O. Box Number is Not Acceptable)
	ARASOTA FL 34231			Total Note and All Market and All Ma
			83	
			84 City	ity 85 Zip Code
				med corporation submits this statement for the purpose of changing its registered.
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELFTE	1.1 HILE	P)T/5 Change Addition
NAME			1.2 NAME	PATRICIA A. TULEY
STREET ADDRESS			1.3 STREET ADDRES	2000
CITY-ST-ZIP TITLE		DHEIL	1.4 CITY - ST - ZIP 2.1 TILLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	32.6
CITY-SY-ZIP			2 4 CITY - S1 - 7IP	
TITLE		□ bitHE	3.1 1/11.6	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	arss (
CITY-ST-ZIP			3.4 Crty-St-ZiP	P
TATLE		DELETE	4.1 1111.1	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	1
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CHY-SI-ZIP	
TITLE		DILETE	5.1 TITEF	☐ Change ☐ Add-tion
NAME			52 NAML	
STREET ADDRESS	Į.		5.3 STREET ADDRES	RESS
City-St-ZiP		Theres	5 4 CiTY- ST- 7IP	
TITLE		DELETE	61 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 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 supplied each accurate and that my signature shall have the same logal offect 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 13 of changing or 9 can attachment with an address

6.3 STREET ADDRESS

21/12/26