

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 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 # P97000079254 (3)
 1. Corporation Name
 IMPLEMENTATION CONSULTING, INC.



Principal Place of Business: 1707 GALWAY COURT, WINTER SPRINGS FL 32708
 Mailing Address: 1707 GALWAY COURT, WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1839 Seneca Blvd, Suite, Apt. #, etc.
 22 City & State: (Winter Springs), FL
 23 Zip: 32708, Country: USA
 2a. Mailing Address: 26 2200 Winter Springs Blvd, Suite, Apt. #, etc.
 27 STE 100-341
 28 City & State: Oviedo, FL
 29 Zip: 32765, Country: USA

3. Date Incorporated or Qualified: 10/01/1997
 4. FEI Number: 59-3468146
 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

9. Name and Address of Current Registered Agent
 NORTON, CHER L
 1707 GALWAY COURT
 WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 81 Name: NORTON, CHER L.
 82 Street Address (P.O. Box Number is Not Acceptable): 1839 Seneca Blvd.
 83
 84 City: Winter Springs, FL 85 Zip Code: 32708

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: *Cher L. Norton* DATE: 9/1/98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/T Cher L. Norton
1.3 STREET ADDRESS	1839 Seneca Blvd
1.4 CITY-ST-ZIP	Winter Springs, FL 32708
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S David S. Norton
2.3 STREET ADDRESS	1839 Seneca Blvd
2.4 CITY-ST-ZIP	Winter Springs, FL 32708
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Cher L. Norton* DATE: 9/1/98

CR2E034 (5/98)