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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P97000082109 (4)

1. Corporation Name
PROFESSIONAL COUNSELING AND CONSULTING GROUP, IN C.

Principal Place of Business	Mailing Address
~~4110 INVERRAY BLVD.~~ ~~SUITE 428~~ ~~LAUDERHILL FL 33319~~	4110 INVERRAY BLVD. ~~SUITE 428~~ ~~LAUDERHILL FL 33319~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1997

2. Principal Place of Business	2a. Mailing Address
21 400 N. ANDREWS AVE	26 400 N. ANDREWS AVE
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33301 / 25 USA	Zip / Country 29 33301 / 30 USA

4. FEI Number: 65-0783249 ☐ 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	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	P/S/D ☑ Change ☐ Addition
NAME	MCCUE, JACKI G	1.2 NAME	MCCUE, JACKI, GOERDON
STREET ADDRESS	4110 INVERRAY BLVD.	1.3 STREET ADDRESS	400 N. Andrews Ave, Suite 201
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	2.1 TITLE	V/T ☐ Change ☑ Addition
NAME		2.2 NAME	MESA, LEONEL, E
STREET ADDRESS		2.3 STREET ADDRESS	400 N. Andrews Ave, Suite 201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ 4-18-98 954 761-9333