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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086130 (6)

JWW CONSULTING, INC.

Principal Place of Business

Mailing Address

## FILED May 06 1998 8:00am Secretary of State



7772 MACLEAN RD. TALLAHASSEE PL 32112		7772 MACLEAN RD. TALLAHASSEE FL 32112			DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>10/03/1997</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-347/3/6		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing \$5.00 May Be			
3		28			Trust Fund Contribution	7,000 10 10 10 10 10 10 10 10 10 10 10 10		
Ζiρ	Country	Zφ	Countr	У	8. This corporation owes or has paid the o			
24	25	29	30]		Personal Property Tax due June 30.			
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Registere	d Agent		
	EIGMAN, JAMES		81	Name				
	72 MACLEAN RD.		82	Street Address (P.O. Box Number is Not Acceptable)				
TA	LLAHASSEE FL 32112		83	3				
			84	City	F	85 Z	ip Code	
dd Directoria	the manifolding of Footbage (07 0)	22 and CO7 1EO9. Florida Chat.	doc the ebe	in comed out	poration submits this statement for the purpose		a ita ragistarad	
office or re agent. I ar	egistered agent, or both, in the State manifer with, and accept the solid	of Florida. Such change was pations of, Section 607,0505, F	ates, me abov authorized b Torida Statute	y the corpora ss.	poration's board of directors. I hereby accept the a	ppointment	as registered	
SIGNATURE	Sure, typod or printed name of registered a		OTE Registered Ag	jeni signalum reqi	lired when reinstating) DATE			
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Chang	e Addition	
NAME	WEIGMAN, JAMES		1.2 NAME					
STREET ADDRESS	7772 MACLEAN RD.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32112		1.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	2.1 11TLE			Chang	je L. Addition	
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		D OCIETY	2 4 City	-ST-ZIP		Chance	e Addition	
TITLE		☐ DELETE	3.1 TITLE	•	·	L Chang	E LI ADDITION	
NAME			3.2 NAME	- 1				
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP		[ ] Chang	e Addition	
TITLE						Chang		
NAME			4. 2 NAMI	- 1				
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP TITLE			4.4 CITY- 5.1 TITLE	21. TIP		Chang	e Addition	
i		D MILE IL	5.1 HILE 5.2 NAME				7/	
NAME PERCET ADDRESS				T ADDRESS		abla 1	4/	
STREET ADDRESS						40	? <b>/</b> ()	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	21-5k		Chang	ne Addition	
NAME		- March	6.2 NAME		6000025179	355°		
				T ADDRESS	6000025179 -05/08/9801101	Ω28 Ω28		
STREET ADDRESS					***150.00	UL.U		
CITY-ST-ZIP	certify that the information supplied v	vith this filing does not qualify	for the exem	ption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that	the information	
Indicated officer or a	on this annual report or supplement	al annual report is true and ac eiver or trustee empowered to	ccurate and ti	hat my signat	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes, and the	under oath;	that I am an	