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 # P9700086665 (1)

JMK CONSULTING GROUP, INC.

Principal Place of Business Mailing Address **GLADES BUILDING. SUITE 303** GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST 877 EXECUTIVE CENTER DRIVE WEST DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Date Incorporated or Qualified 10/07/1997 2. Principal Place of Business
21 PO Box 14656
Sulte, Apt. #, etc. 2a. Mailing Address 4. FEI Number Applied For P.D. Box 14656 Suite, Apt. #, etc. Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required City & State Çity & State 6. Election Campaign Financing \$5.00 May Be eurwares Trust Fund Contribution 23 -ICARWAZE Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MASCARA, ERNEST L **GLADES BUILDING, SUITE 303** 82 877 EXECUTIVE CENTER DRIVE WEST 83 ST PETERSBURG FL 33702 64 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, agent. 1502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bigalions of Section 607.0505, Florida Statutes. Signature, typed o (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President/Birchon TITLE 1.1 TITLE Change MASCARA, ERNEST L NAME **877 EXECUTIVE CENTER DRIVE WEST** STREET ADDRESS 1.3 STREET ADDRESS **ST PETERSBURG FL 33702** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE Change Addition 5.1 TITLE

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 supplemental and perfect 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 previously truesed 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 attraction of the corporation of the previously in the state of the corporation of

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CICNATURE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

Pre

4/27/98

(813)449-7146

Addition

FILED

May 01 1998 8:00am

Secretary of State