PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P9700(HINE CONSULTANTS, INC.	0086818 (6)		RKE BUREN DOLOK KHIRIN HALIK KRAN
Principal Place of Business Mailing Address					
7040 WEST PALMETTO PARK ROAD 7040 WEST PALMETTO PAR SUITE 4-591 SUITE 4-591 BOCA RATON FL 33433 BOCA RATON FL 33433				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal F	lace of Business	2a. Mailing Address		10/08/1997 4. FEI Number	Applied For
21 26		<u>}-</u> -¬		65-0789802	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Ap1. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the co	rrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
1	AMERILAWYER			AMAK CLAUDINE M	١.
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	0 "4-591
			63		
			84 City A	OCA LATON FL	85 Zip Code - 33 4.33
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Stat	tutes, the above-named co	progration submits this statement for the purpose	of changing its registered
1	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s authorized by the corpo Florida Statutes. PAGS.	ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered ages	and title if applicable (N	OTE: Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CERMAK, CLAUDINE M		1.2 NAME		
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33433	DELETE	1.4 CITY - ST - ZIP 21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
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	1.7	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - \$T - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-ST-2iP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		4

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.

FILED

Apr 21 1998 8:00am

Secretary of State