

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

FILED

98 JUN -2 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P97000094814 (5)

1. Corporation Name:
~~NJ CONSULTANTS, INC.~~ ← typo (OK)
NJ CONSULTANTS, INC.

Principal Place of Business: **307 MISSISSIPPI AVENUE ST. CLOUD FL 34769**
 Mailing Address: **P.O. BOX 702327 ST. CLOUD FL 34770-2327**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/04/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3477628	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
<input type="checkbox"/>				<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
<input type="checkbox"/>				<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VERZI, JANE 307 MISSISSIPPI AVENUE ST. CLOUD FL 34769				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 filed as applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VERZI, JANE	1.2 NAME	100002549461-13
STREET ADDRESS	307 MISSISSIPPI AVENUE	1.3 STREET ADDRESS	-06/05/98--01091--011
CITY-ST-ZIP	ST. CLOUD FL 34769	1.4 CITY-ST-ZIP	***150.00 ***150.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TOLLIVER, PATRICIA M	2.2 NAME	
STREET ADDRESS	307 MISSISSIPPI AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4/20/98 AM/98 2837**

CR2E034 (10/97)