## 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 # P97000101786 (6)

ORION CONSULTING GROUP, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11551 43RD ST. NORTH 11551 43RD ST. NORTH **CLEARWATER FL 34622** CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For - 3482136 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 33762 24 ☐ Yes Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FREEMAN, JAMES W JR 28100 US HIGHWAY 19 NORTH SUITE 408 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33761** 83 84 City 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 (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition HALE FREEMAN, JAMES W JR 1.2 NAME 11551 43RD ST. NORTH STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE X Addition TITLE 2 + TITLE CURTIS, JEFFREY P HALE 22 NAME 11551 43RD ST. NORTH STREET ADDRESS 23 STREET ADDRESS **CLEARWATER FL 34622** CATY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition BERKOWITZ, PETE HALE 3.2 NAME 11551 43RD ST. NORTH STREET ADORESS 3.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 3 4. CiTY - ST - ZiP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY + ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TIRLE Change NAME 62 NAME **STREET ADDRESS** 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-S1-ZIP

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 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 of the proporation or the receiver of the corporation of ulzelae