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

FILED May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000106821 (6) **IMANI GROUP CONSULTANTS, INC.** Principal Place of Business Mailing Address 733 SW FOURTH STREET 733 SW FOURTH STREET DANIA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζŧρ Country Country Zip 8. This corporation owes or has paid the current year Intengible ☐ Yes 25 29 Personal Property Tax due June 30. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROGERS, LISA M 733 SW FOURTH STREET Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33004** 8.3 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ROGERS, LISA M NAME 12 NAME 733 SW FOURTH STREET STREET ADDRESS 1.3 STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition GOODEN-LEE, MAMIE NAME 2.2 NAME 733 SW FOURTH STREET STREET ADDRESS 2.3 STREET ADDRESS **DANIA FL 33004** CITY - ST- 2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MALLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplomental 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 13 if changes, or on an attachment with an address

6.4 CITY-ST-2IP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE NAME

5035

Change

Addition