**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000107580 (7) **DOCUMENT #** IIRIII CONSULTANTS, INC. Principal Place of Business Mailing Address 679 HARBOR ISLAND 679 HARROR ISLAND CLEARWATER FL 33767 CLEARWATER FL 33767 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 2. Principal Place of Business 2e, Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 35 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REUSS, RALPH F III **679 HARBOR ISLAND** Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 33767** вэ 84 Zip Code octions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered occupilities in a figurious of Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent I am familiar with ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PRESIDIRECTOR TITLE 1.1 TITLE NAME 1.2 NAME RALPHE REUSE III 1.3 STREET ADDRESS STREET ADDRESS 679 HARBOR ISLAND C SECITEERS PIRECTOR RALPH F. REUSS IL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 679 HARBOR ISLAND CLWTR, FL 33767 Change 2.4 CITY-ST-7IP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY - ST - ZIP

DELETE

61 TITLE 6.2 NAME

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 suppliemental initial arrayout 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 received 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 a state intensity of trustee.

6.3 STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE:

Change

813 443 2880

Addition