

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000108737 (2)  
1. Corporation Name

PALM BEACH CONSULTING LIMITED, INC.

FILED  
Jul 13 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~204 PHIPPS PLAZA~~  
~~C/O KENT HUFFMAN-ESQ.~~  
~~PALM BEACH FL 33480~~

~~204 PHIPPS PLAZA~~  
~~C/O KENT HUFFMAN-ESQ.~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

2a. Mailing Address

21 C/O KENT HUFFMAN

26 C/O KENT HUFFMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 223 SUNSET AV. #130

27 223 SUNSET AV. #130

City & State

City & State

23 PALM BEACH FL

28 PALM BEACH FL

Zip

Country

Zip

Country

24 33480

25 USA

29 33480

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HUFFMAN, KENT~~  
~~204 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

81 Name KENT HUFFMAN ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable) 223 SUNSET AVENUE  
83 SUITE 130  
84 City PALM BEACH, FL 85 Zip Code 33480

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

KENT HUFFMAN, ESQ

7/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~0~~ ~~HUFFMAN, KENT~~ ☒ DELETE  
NAME ~~HUFFMAN, KENT~~  
STREET ADDRESS ~~204 PHIPPS PLAZA~~  
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

1.1 TITLE ~~0~~ ☒ Change ☐ Addition  
1.2 NAME GARY BOSS  
1.3 STREET ADDRESS C/O HUFFMAN  
1.4 CITY-ST-ZIP 223 SUNSET AV. #130 PALM BEACH FLORIDA, 33480

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 officer 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:

7/8/98 (561) 853-5833

CR2E034 (5/98)