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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	MENT # P98000 CONSULTING SERVICES,)	
Principal Place	e of Business	Mailing Address		
4804 LONGWATER WAY 4804 LONGWATER WAY			Y	
TAMPA FL 33615 TAMPA FL 33615			•	
ļ				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
A Discipul D	Name of Division	I a. Mailing Address		12/31/1997
<u> </u>	flace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied ble
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$9.75 Additional
22	n, 910.	27		5. Certificate of Status Desired Fee Required
		City & State	,	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
W⊦	HITLEY, LYNDA		81 Name	
4804 LONGWATER WAY			82 Street	Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33615				<u> </u>
			63	
			84 City	85 Zip Code
i	to the provisions of Sections 607,050 egistered agent, or both, in the State orn familiar with, and accept the obligations in the section of the control o	of Florida, Such change was ations of, Section 607.0505, F	ites, the above-named authorized by the colliorida Statutes.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NC	TE: Registered Agent signatur	re required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DELEY E	1,1 TITLE	Change L Addition
NAME	WHITLEY, LYNDA		1.2 NAME	Peter R. SCHENCK
STREET ADDRESS	4804 LONGWATER WAY		1,3 STREET ADDRESS	4804 Longwater Way
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE		☐ DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELET	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE NAME		C) orceit	4. 2 NAME	Li Criango Li Addition
ł 1				
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	الماساني الم
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		<u></u> /•	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
DIRECT ADDANGS			0.0 OTHER ADDRESS	

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.