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 # S29880

(9)

FILED
May 07 1998 8:00am
Secretary of State

| Principal Plac | ONSULTING, INC. | Mailing Address | | | | | |
|---------------------------------------|--|--|--------------------------------|-------|----------------------------|---|--|
| City & State 23 Zip Country | 4440 PGA BLVD. Suite 103 Palm BCH Gardens | | | | DO NOT WRITE IN THIS SPACE | | |
| " | | | | | | 3. Date Incorporated or Qualified | |
| 6 Principal C | Bloom of Business | Los Maltas Address | | | | 02/06/1991 4. FEI Number Applied For | |
| _ | Tace of Business | 2a. Mailing Address | | | | Trippinou (c) | |
| Suite, Apt. #, etc. | | Suite. Apt. #, otc. | | | | CO 75 | |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | \ | Trust Fund Contribution | |
| | ├ ~¬ | - Ζιρ ¬ | Coun | itry | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 8. Name and Address of Currer | 29 Agent Agent | 30 | | | Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent | |
| 11A | IY, CYLESTE A | u volisteren Whalst | | 81 | Name | iv. Isame and Address of Hew Defision Affent | |
| 4440 P.G.A. BLVD., SUITE 103 | | | ļ. | | | | |
| | LM BEACH GARDENS FL 33410 | | ľ | 82 | Street Addre | ress (P.O. Box Number is Not Acceptable) | |
| ,,, | EN DETROIT OF HOLITO TE COTTO | | 1 | B3 | | | |
| | | | | B4 | <u> </u> | | |
| | | | 1 | 64 | City | FL 85 Zip Code | |
| I office or r | to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the oblig | e of Florida. Such chan ge wa s | authorized | by I | the corporation | oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered | |
| | Stonalure, typed or prioteo name of registered ago | | | Aეიი | al signature require | ed when reinstating) DATE | |
| 12. | OFFICERS AN | D DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CUDOMAN DICHADO | ☐ DECEIE | 1.5 1014 | | | L Change Addition | |
| NAME | GUDOIAN, RICHARD 11980 KESWICK WAY | | 1.2 NAN | | | | |
| STREET ADDRESS | PALM BEACH GDNS. FL 334 | 18 | | | ADDRESS | | |
| CITY-ST-ZIP TITLE | 8 | DELETÉ | 1.4 C(T) 2.1 T(T) | | - 1117 | Change Addition | |
| NAME | GUDOIAN, RICHARD | | 2.2 NAN | | | | |
| STREET ADDRESS | 11980 KESWICK WAY | | | | ADDRESS | | |
| CITY-ST-ZIP PALM BEACH GDNS. FL 33418 | | 18 | 2 4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3 1 TITL | | | Change Addition | |
| NAME | GUDOIAN, RICHARD | | 3 2 NAN | ΛE | [| | |
| STREET ADDRESS | 11980 KESWICK WAY | | 3 3 STA | EET A | ADDRESS | | |
| CITY-\$1-ZIP | PALM BEACH GDNS. FL 334 | | 3 4 . CiT | Y-ST | T- ZIP | | |
| TITLE | , | ☐ DEL e te | 4.1 TITL | .E | | Change Addition | |
| NAME | | | 4. 2 NAI | ME | | | |
| STREET ADDRESS | | | 4.3 STR | EET A | ADDRESS | | |
| CITY-ST-ZIP | | Dr. Fre | 4.4 CITY | | - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITL | | | L. Change L. Addition | |
| NAME | | | 5.2 NAN | | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY | | - ZIP | Change Addition | |
| TITLE | | ן ווננבונ | 6.1 TITL | | | Change C Abdition | |
| NAME CTOPET ADDRESS | | | 6.2 NAN | | IDDDECC | | |
| STREET ADDRESS | | | | | NDDRESS | | |
| CITY-ST-ZIP | edify that the information supplied w | ith this filing does not qualify | for the exer | | | Section 119 07/3/ii) Florida Statutes I further certify that the information | |

Include the morning of the control of the morning of the internal of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 concision or the receiver or fustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachment with an address.

CICNATURE.

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4-23-98