

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S33928

(0)

1. Corporation Name
ECLECTIC CONSULTANTS, INC.



Principal Place of Business
8350 NW 177 STREET
PALM SPRINGS NORTH FL 33015

Mailing Address
8350 NW 177 STREET
PALM SPRINGS NORTH FL 33015-3645

3. Date Incorporated or Qualified
02/22/1991

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0252925

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEIDEN, JAN K.
2250 SW THIRD AVENUE
5TH FLOOR
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
FINK, CRAIG
8350 NW 177 STREET
PALM SPRINGS NO. FL

12 NAME

CITY- ST- ZIP ☐ DELETE

13 STREET ADDRESS

NAME
MILLER, KATE
325 LONG HILL RD
GUILFORD CT

14 CITY- ST- ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME

TITLE ☐ DELETE

23 STREET ADDRESS

NAME
STREET ADDRESS
CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME

TITLE ☐ DELETE

33 STREET ADDRESS

NAME
STREET ADDRESS
CITY- ST- ZIP

34 CITY- ST- ZIP

14. I do 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 included 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.

SIGNATURE:

Craig Fink
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/97

825-2806

CR2E034 (9/96)