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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$55049

(8)

FILED

May 08 1997 8:00am

Secretary of State

WSC CO	n Name ONSULTIN	NG, INC		(0)					THE REPORT OF THE PART OF THE SECURITION OF				
Printing Place of Business Mailing Address 3443 MANILLA DR 3447 3440 MANILLA DR SPRING HILL FL 34607-1016 SPRING HILL FL 34607-1016													
								 Date Incorporated or Qualified 05/23/1991 		ate of Last Re /08/1996	epart		
2. Principal P	lace of Busin	ness	├- ¬	2a. Mailing Address					4. FEI Number		Apı	plied For	
Sulte, Apt.	# 010		26 Suite	, Apt. #, etc.					59-3069924		\$8.75 A	l Applicable	
22	W, OIC.		27	Apr. #, bio.					5. Certificate of Status Desired		>0.75 A Fee Red		
City & State	е			City & State					6. Election Campaign Financing		\$5.00		
23			28	28					Trust Fund Contribution		Added to		
Zip		Country	Zip	Zip					B. This corporation has liability fo			199.032	
24 25 9. Name and Address of Curren			29						Florida Statutes O. Name and Address of New F	Yes			
CHA		VILLIAM T., III	Surrent neglistered	Agent		B1	Name	·	o. Name and Address of New F	egistered	Agoin		
	B SPRING I				ļ.	B2	-01						
	ING HILL F						Sireel Adores		(P.O. Box Number is Not Accept	abie)			
							City		FL 85 Zip Cac			Code	
11. Pursuant	to the provis	ions of Sections 6	07.0502 and 607.15	08, Florida Statut	es, the ab	L ove	-named co	orpora	tion submits this statement for the s board of directors. I hereby acc			s registered	
office or r agent. I a	registered aç ım f a miliar wi	gent, or both, in the ith, and accept the	e State of Florida, Su e obligations of, Sect	ich change was i ion 607.0505, FI	authorized orida Statu	by ites	the corpo	iration's	s board of directors. I hereby acc	ept the ap	pointment as r	registered	
SIGNATURE													
12.	Signature, lyped		ored agent and title it applie RS AND DIRECTORS		t : Registered	Agei	nt signature ro	aquired w	ven reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	O DIRECTOR	S INI 12	
TITLE	D	Gillott	IS AND EARL CACH	DELFTE	1.1 100	F			ADDITIONO/OFFANGEO TO OFF	IOLIIO AII	Change	Addition	
NAME	RYAN, M			_	1.2 NA	ΛE	(-	
STREET ADDRESS		NILLA DR	344	2	1.3 STP	FFT.	ADDRESS .						
CITY-ST-ZIP	SPÁING	HILL FL			1.4 CIT	Y-S1	I - ZIP						
TITLE	D	*****		DELETE	2.1 T(T)	.ŧ					Change	☐ Addition	
NAME	COPE, W	ALLIAM S.	3442			2 NAME			•				
STREET ADDRESS	ADDING LILL EL			547-			FT ADDRESS						
CITY-ST-ZIP	OFRING	MILL FL		DELETE		P. 4 CHY-ST B.1 TITUE					Change	Addition	
TITLE				DITTE							Change	[] Addition	
NAME STREET ADDRESS					B.2 NAM		ADDRESS						
CITY-ST-ZIP					8.4. CIT								
TITLE				DELETE	41 118		11.511				Change	Addition	
NAME	l				4. 2 NA	ME					- •		
STREET ADDRESS					4.3 STF	EET.	ADDRESS						
CITY-ST-ZIP					4.4 011	Y - S1	I-ZIP						
TITLE				DELETE	5.1 7(1)						Change	Addition	
NAME					5.2 NA1	ΛF							
STREET ADDRESS					53 STF	EET	ADDRESS						
CITY-ST-ZIP					5.4 CIT		I - ZIP				·		
TITLE				☐ DELETE	6.1 TIT						☐ Change	Addition	
NAME					6.2 NA								
STREET ADDRESS					6.3 STR	EF1.	ADDRESS						

64 DITY-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 Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect 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.