

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S56896 (1)

1. Corporation Name  
MANAGEMENT CONSULTANTS UNLIMITED, INC.

Principal Place of Business Mailing Address  
C/O DIVERSIFIED MAN. SERVICES OF SO.FLA.  
8471 W. OAKLAND PARK BLVD.  
SUNRISE FL 33351  
US  
C/O DIVERSIFIED MAN. SERVICES OF SO.FLA.  
PO BOX 451418  
SUNRISE FL 33345-1418  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1991

4. FEI Number

65-0293112

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8457 W. Oakland Park Blvd.

Suite, Apt. #, etc.

22 City & State  
23 Sunrise, FL

24 Zip  
33351

25 Country  
USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

WATERS, RALPH  
8951 S.W. 57TH ST.  
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81

Name  
WATERS, RALPH

82

Street Address (P.O. Box Number is Not Acceptable)  
6420 NW 52nd Ct.

83

84

City  
Lauderhill

FL

85

Zip Code  
33319

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

January 22, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WATERS, RALPH  
STREET ADDRESS 8951 S.W. 57TH ST.  
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

TITLE DS  
NAME WATERS, BARBARA  
STREET ADDRESS 8951 S.W. 57TH STREET  
CITY-ST-ZIP COOPER CITY FL

☐ DELETE

TITLE DVPT  
NAME GRIPP, SUSAN  
STREET ADDRESS 8381 N.W. 47 ST.  
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 6420 NW 52nd Ct.  
1.4 CITY-ST-ZIP Laudershill, FL 33319

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 6420 NW 52nd Ct.  
2.4 CITY-ST-ZIP Laudershill, FL 33319

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 33341 Greenview Terrace, W  
3.4 CITY-ST-ZIP Margate, FL 33063

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

January 22, 1998 (954) 572-1880

CR2E034 (10/97)