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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

847 CARNATION DR

21

22

23

24

Zip

WINTER PARK FL 32792

Suite, Apt. #, etc.

City & State

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$58752

Country

9. Name and Address of Current Registered Agent

25

(4)

E.K.C. CONSULTING, INC.

WINTER PARK FL 32792

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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Mailing Address
847 CARNATION DR

06/11/1991

59-3079057

5. Certificate of Status Desired

6. Election Campaigh Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

3. Date Incorporated or Qualified

DO NOT WRITE IN THIS SPACE

This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

FILED

Feb 02 1998 8:00am

Secretary of State

CROWLEY, EDWARD K 847 CARNATION DR WINTER PARK FL 32792			81	81 Name					
			82	82 Street Address (P.O. Box Number is Not Acceptable)					
WHITE PARK PL 32/32			83						
			84	City		F	L 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 title if applicable. (INOTE, Registered Agent signature required when relastating). DATE									
12.									
TITLE	PST	☐ DELETE	1,1 TITLE		, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME	CROWLEY, EDWARD K		1.2 NAME						
STREET ADDRESS	847 CARNATION DR		1.3 STREET A	OORESS		 			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST	- ZIP		1			
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	CROWLEY, EDWARD K		2.2 NAME	1					
STREET ADDRESS	847 CARNATION DR		2.3 STREET A	DORESS				į	
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY-S1	ZIP		<u></u> .	_		
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CITY-ST-ZIP			5.4 CITY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TITLE				∐ Change	Addition	
NAME			6.2 NAME	ļ				1	
STREET ADDRESS			6.3 STREET A	DDRESS		1		ľ	
CITY-ST-ZIP			6.4 CITY-ST-		12.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	000000000000000000000000000000000000000		la fa una a ti a c	
14. I hereby certify that the information supplied with this filling 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. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify 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. I further certify 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. I further certify 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. I further certify that I am an officer or director of the corporation of the receiver or trustee empowers or director of the corporation of the corporation of the receiver of the corporation of t									

Country

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SIGNATURE: Edward K Criticipa COLEdward K.C

407-657-5394