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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCUMENT # S74862

(1)

Principal Pla	NATIONAL CONSULTING S	Mailing Address			
8021 SAILBOAT KEY BLVD. SUITE 401		143 CIMARRON TRL #2226			
SO. PASADENA FL 33707		IRVING TX 75063		DO NOT WRITE IN THIS :	SPACE
		US		3. Date Incorporated or Qualified	
				08/21/1991	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Ap	1 # ofo	26 Suite, Apt. #, etc.		65-0281848	Not Applicable
22	i. #, 0 ic.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intanoible
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
STAFFORD, S.L. 14912 NO FLORIDA 81 Name 92 Street Address (R.O. Rev Nigeter in Not Assessable)					
14912 NO FLORIDA TAMPA FL 33613			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1,5			83		
			84 City	FL	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named corr	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
office or agent. I	regi stere d agent, or both, in the SIa am familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607.0505, F	authorized by the corporationida Statutes.	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered a		It. Registered Agent signature requi		DIDECTORS III 40
TITLE	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	TROGNITZ, JERRY	_ once	1.2 NAME		C Custade C Nontroll
STREET ADDRESS	ANAL CALLDO AT MEY BLUD		1.3 STREET ADDRESS		
CITY-ST-ZIP	S. PASADENA FL		1.4 City-St-Zip		
TITLE		DELETE	21 TOLE		☐ Change ☐ Addition
NAME	1		2.2 NAME		
STREET ADDRESS	3		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY-ST-ZIP 4.1 THILE		☐ Change ☐ Addition
NAME			4. 2 NAME		Craingo realitiOli
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Ì
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STREET ADDRESS	i		6.3 STREET ADDRESS		Ì
City-St-ZiP	certify that the information supplied	with this filing does not qualify:	6.4 CITY - ST - ZIP	Section 119 07(3)(i) Florida Statutes I further ce	rtify that the information
14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rupe 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.					