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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S98133						
ASHTON CONSULTING CORP.						
Principal Plac	ce of Business	Ma ling Address				
a/o Da	wid A Cartor D	. 7.				
c/o David A. Carter, P.A. same 2300 Glades Road, Suite 210W Boca Raton, FL 33431					DO NOT WRITE IN TH	S SPACE
					3. Date Incorporated or Qualified	
	(46011, 11 33431				12/3/91	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21					65-0301456	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
27   City & State   City & State						Fee Required
23	e	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	γ	This corporation owes or has paid the control of the corporation ower or has paid the corporation of the corporat	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent
			81	Name		
David A. Carter, Esq.				Street Addr	ress (P.O. Box Number is Not Acceptable)	
Pavid A. Carter, P.A.						
2300 Gldaes Road, Suite 210W						·
Boca Raton, FL 33431			84	84 Cily FL 85 Zip Code		
<ul> <li>office or r</li> </ul>	to the provisions of Sections 607,0502 registered agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Such change was	authorized b	y the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered appointment as registered
SIGNATURE						
	Signature: typed or puniest name of required agen			ent signature requir	ed when reinstating) DATE	
12.	OFFICERS AND	DELETE DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME I	Carter, David A		1.2 NAME			Change Trayoniton
STREET ADDRESS	Amam			1.3 STREET ADDRESS		
CITY-ST-ZIP	1			1.5 STREET ADDRESS		
TITLE	Doca Racon, Th	DELETE	2 1 TITLE	31-21		Change Addition
NAME	Gusrae, Bert L.		2 2 NAME			
STREET ADDRESS	15208 Tall Oak	Avenue	23 STREE	1 ADDRESS		
City - St - ZiP	Delray Beach, FL 33446		2 4 CITY -	\$T · ZIP		
TITLE			3.1 THLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C/TY -	ST-ZIP		
TITLE		☐ DECETE	4.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS		
				1		
CITY - ST - ZIP TITLE		☐ DELETE	4.4 C(1)Y-5	DI - ZIF		□ Anange , □ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5 4 CITY - S			<b>/</b> ////
TITLE		☐ DELETE	6.1 THLE		عدر المستورين والمرازعات والمرازعات والمرازعات	Change Addition
NAME			6 2 NAME		900002454 -03/11/9801100-	T (2)
STREET ADDRESS			63 STREET	ADDRESS	~U5/11/38~~U11UU~	010
AUTH CT 71D			A 4 0 12 12		***150.00	

14. Thereby 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 of changed or on an attachment with an address.

**SIGNATURE:** 

3/4/98

(561) 750-6999

**FILED** 

Mar 11 1998 8:00am

Secretary of State