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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V02464

(8)

1. Corporation Name
CUSTOM CONSULTANTS, INC.



Principal Place of Business
4152 INDEPENDENCE CT
STE C6
SARASOTA FL 34234
US

Mailing Address
4152 INDEPENDENCE CT
STE C6
SARASOTA FL 34234-2147
US

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, BRUCE F.
7753 SATATE ROAD 72
SARASOTA FL 34241

81 Name William R. Perry
82 Street Address (P.O. Box Number is Not Acceptable)
4745 Malory Pl.
83
84 City SARASOTA FL 85 Zip Code 34241

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERRY, WILLIAM R.	
STREET ADDRESS	4745 MALORY PLACE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PERRY, CAROLE A.	
STREET ADDRESS	4745 MALORY PLACE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADIALI, JOHN A	
STREET ADDRESS	10 OPAL AVE	
CITY - ST - ZIP	MIDDLEBORO MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMITT, RONALD	
STREET ADDRESS	1015 WOODRIDGE BLVD	
CITY - ST - ZIP	LANCASTER PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERRANO, JEANETTE	
STREET ADDRESS	200 E 27TH ST 2-P	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (941) 355 0360
Date Daytime Phone #

CR2E034 (9/96)