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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

,	MENT # V07403 RAL PERSONNEL CONSULTA		•					<b>3</b> [8]
Principal Plan	ce of Business	Mailing Address				10810 81811 0010 1081 0101 7010 1081	IN ORAN OTEK OUDU I	418H 818H H881
5125 ADANSON STREET		5125 ADANSON STREET						
#400		#400						
ORLANDO FL 32804		ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified		
• Delevisori	Diag at Dusings	A. Maille Madroon				12/20/1991		
_	Place of Business 2a. Mailing Address 26					4, FEI Number	<del></del>	Applied For
21 Suite, Apt	# elc	Suite, Apt. #, etc.			59-3105904	60.7	Not Applicable  5 Additional	
22		27			5. Certificate of Status Desired		Required	
City & State		City & State			6, Election Campaign Financing	\$5.0	0 May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the	he current year	Intangible
24	25 29		30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
g. Name and Address of Current Registered Agent						10. Name and Address of New Regist	ered Agent	
Weatherford, William P Jr.				81 N	lame			
1031 MORSE BLVD SUITE 105 WINTER PARK FL 32789			<u> </u>			ess (P.O. Box Number is Not Acceptable)		
			-					
				83				
				<b>84</b> C	ity	····	<b>85</b> Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t					amed corp	oration submits this statement for the purp	ose of changing	a its registered
office or agent. I a	regi <b>ste</b> red agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorized	l by the	e corporation	on's board of directors. I hereby accept th	e appointment	as registered
SIGNATURE	Signature, typed or printed name of reposered age	ot and tille if applicable (NOT	E Registered	Agent si	onature require	od when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	PD	DELETE	1.1 TIT	1.1 TOTLE			Chang	e 🔲 Addilion
NAME	LOVELACE, G. WINSTON		1.2 NA	ME	İ			
STREET ADDRESS	83 INTERLAKEN ROAD		1.3 STREET A		RESS		0.544	
City-St-ZIP	ORLANDO FL		1.4 CiT	1.4 CiTY - ST - ZiP		<u> </u>	804	
TITLE		☐ DELETE	2.1 TITLE				☐ Chang	pe
NAME			2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS		RESS				
CITY-ST-ZIP		T of the	2.4 CITY-ST-ZIP		P			
TITLE				3.1 TITLE			Chang	e L Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP_	DELETE			3.4. CHY-ST-ZIP 4.1 TITLE			Chang	e Addition
NAME	_ Men			4 2 NAME			- Cumili	5 EL TADRICH
STREET ADDRESS			1	4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY - ST - ZIP				
TITLE	DELETE			5.1 TOLE			☐ Change	e Addition
NAME				5.2 NAME				
STREET ADDRESS				EET AOD	RESS			1
CITY-ST-ZIP				Y-ST-ZIF				
TITLE		☐ DELETE	6.1 TITL				Chang	e 🔲 Addition
NAME			6.2 NAM	<b>ME</b>				
STREET ADDRESS			6.3 STR	EET ADO	RESS			
CITY-ST-ZIP	a to the second second		6.4 CITY	Y-ST-ZIA	,			

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.

**FILED** 

Jan 22 1998 8:00am

Secretary of State