FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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I. Corporatio	MENT # V217 IC SERVICE CONSULTAN	()		 	
Principal Place 1824 SETTLI CLERMONT		Mailing Address 1824 SETTLE STRE CLERMONT FL 347		T ROBEL OTHER HERE IN THE FEBRUARY OF THE	I OAN OIDH BYDN BYBN 518N DIBN DIDN DADN
				3. Date Incorporated or Qualified 04/01/1992	3a. Date of Last Report 03/24/1995
. Principal Pi	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3114864	Not Applicab
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State	o	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Žip 29	Country 30	8. This corporation has liability for in Ftorida Statutes Yes	intangible tax under s. 199.032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Ro	
MILVE	ROBERT L.		81 Name		
	ETTLE STREET		82 Street Add	dress (P.O. Box Number is Not Acceptabl	ie)
	ONT FL 34711		83		
			84 City		les l'accorde
			[]		FL 85 Zip Code
 Pursuant t or register familiar wit 	to the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Sc	02 and 607.1508, Florida Statorida. Such change was authorida. Such change was authoriction 607.0505, Florida Statut	utes, the above named corporized by the corporation's boales.	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered offi pintment as registered agent. I am
GNATURE _	Styration system contest name of registerios at OFFICERS A	visit and tills it as plication g	NOTE Fengistered Agenit signature require		pose of changing its registered offi pintment as registered agent. I am
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SIGNATURE: Robert & Milke ROBERT L. MILKE 3-1-96 904-394-5434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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