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**PROFIT** Apr 23 1998 8:00am ELORIDA DEFARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)EGE CONSULTING, INC. Mailing Address Principal Place of Business 14531 SW 76 ST 14531 SW 76 ST MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1992 2. Principal Place of Business 2a. Mailing Address Applied For 12125 SW 101 ST 21 (2125 SW (D) 65-0319099 Not Applicable Suite, Apt. #, etc Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be キL MIAHI MAHI Trust Fund Contribution Added to Fees 23 Country B. This corporation owes or has paid the current year Intangible 33 186 ALU USA Personal Property Tax due June 30. L Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B**1 EGE, JACQUELINE J. EGE ACQUELINE Street Address (P.O. Box Number is Not Acceptable) 14531 SW 76 ST **B2 MIAMI FL 33183** 83 33186 84 MIANI 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE EGE, JACQUELINE J. 1.2 NAME NAME 12125 SW 101 ST HIAMI IFL 33186 14531 SW 76 STREET STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE THE EGE, RAIMUND K. 2.2 NAME NAME 12125 SW 101 ST MIANI FL 33186 14531 SW 76 STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 31 TITLE 3 2 NAM8 NAME 3 3 STREET ADDRESS STREET ADORESS 34 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition TITLE 4.1 11/16 NAME 4 2 NAME STREET ADDRESS 4 3 STHEFT ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE FILLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-\$1-7IP City - St - ZiP 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

**FILED** 

1305) 274-6423