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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 **DOCUMENT #** V44686 (6)WOODLANDS CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 2000 GLADES RD 2000 GLADES RD SUITE 400 SUITE 400 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 06/18/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0361959 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HRAWG CORP 2000 GLADES RD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **BOCA RATON FL 33431** City Zip Code 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 Horida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registured Agent signature required when reinstating) Signature, type for prededicame of reputors a agent and fine if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THUE GOLDBERG, ALBERT A. NAME 1.2 NAMI 6308 SILK OAK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 1.4 CHY-S1-7IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-21P 3.4. CITY - S1 - 7/P DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREE1 ADDRESS 5 3 STREET ADDRESS CITY-\$1-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6 i THLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby cartily that the information supplied with this filling 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 suppliemental 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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-739-0060

FILED

May 18 1998 8:00am