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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8)1. Corporation Name JEAN WILLIS CONSULTING, INC. Principal Place of Business Mailing Address 335-7 IVES DAIRY ROAD 335-7 IVES DAIRY ROAD



MIMMI FL 33179		MIAM! FL 33179				
					3. Date Incorporated or Qualified 06/22/1992	3a. Date of Last Report 05/01/1995
2. Principal P	tace of Business	2a. Mai'ing Address			4. FEI Number	Applied For
21 26 Suite, Apt. #, etc					65-0348887	Not Applicable
		Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State				Fee Required
23	28				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fees
24	25 29 30		, ,	 This corporation has liability for intangible tax under s 199.032. Flonda Statutes ☐ Yes ☐ No 		
	Name and Address of Curr	ent Registered Agent	kāāk		10. Name and Address of New R	
FH B IO	20 #10			81 Name		- January Harris
	SS, INC.			82 Street Add	600 5	
3732 NW 16TH STREET				5treet Abdi	ress (P.O. Box Number is Not Acceptabl	e)
FI CAI	UDERRDALE FL 33311			83		
				<u></u>		
				84 City		85 Zip Code
amiliar wit	th, and accept the obligations of, Sec	ction 607.0505, Florida Statute	zed by the c s.	ve named corpor orporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	lose of changing its registered offic intment as registered agent. I am
40	Signature, typed or printed carbe of registers it age		DIE Requience	April of Signature oxygens	o sherrer shregi	DA'1
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WILLIS, JEAN M	☐ DELETE	L_I DEFETE 1 1 TITLE		Change Addition	
	335-7 IVES DAIRY ROAD		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS						
CrTV+ST-ZIP TITLE			1.4 CITY - ST - ZIP			
NAME :		☐ DELETE	2 1 TITLE			Change Addition
STREET ADDRESS			2.2 NAI			
	15		23 STF	FET ADDRESS		
DITY - ST - ZIP TITLE				r-ST Z:P		
NAME	DEFEIF		3 1 1:1	ŀ		Change Addition
STREET ADDRESS			3.2 NAI			
CITY-ST-ZIP				REE: ADDRESS		
Tatle		[] DELEIE		-S'-ZP		
NAMÉ	L'I précie		4 1 1-1			☐ Change ☐ Addition
STREET ADORESS			4.2 NAN	1		
CITY - ST - ZIP				EFT ADDRESS		
TITLE						
NAME					☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAN	-		
CITY - ST - ZIP				ET ADDRESS		
TITLE		DELETE	5.4 Cits 6.11(1)	-\$1-7iP		
NAM:		L.J beccere			300001185	Change Addition
STREET ADDRESS	ODRESS .		6.2 NAM	e El Adoress	300001853143 Addition -06/06/9601028010	
CITY-ST-ZIP			6.4 CITY	1	***208.75	

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE(

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR W. WILLIS 4/24/96 305)60-294/