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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENI # 842964						
•	BUSINESS CONSULTANTS						
	•						
Principal Place	e of Business	Mailing Address			- I FORMAR INCHI AFORM FININ DENIN DINA DINA DINA	Olaif Dibil Diaif	
2727 N. CENTR		2727 N. CENTRAL AVENUE	•				• •
PHOENIX AZ 85004 PHOENIX AZ 85004		•		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	SPACE	
					04/06/1979		
2. Principal P	Place of Business	2a. Mailing Address		.,	4. FEI Number		pplied For
<u>al</u>		26		93-0728694		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee R	equired .
City & Stat	e	City & State			6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution		to Fees'
. Zip .	25	29	30		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
<u></u>	9. Name and Address of Currer	··	1301		10. Name and Address of New Registered		
			81	Name			
	CORPORATION SYSTEM		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD				Cassina		#141. P.O. J. D. N. J	en er græge en øy
PLAI	NTAȚION FL 33324		83				
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<u> </u>				City	<u> </u>	- []	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	e-named corp	poration submits this statement for the purpose of directors. I hereby accept the appo	changing its	s registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	es, the above	e-named corp the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its	s registered
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

<u>(602) 263-6645</u>

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90059 034 ***150.00