

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

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98 MAR 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000080540 (4)
1. Corporation Name
NEPTUNE BEACH CONSULTING GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1032 16TH AVE S JACKSONVILLE FL 32250 US**
Mailing Address: **1032 16TH AVE S JACKSONVILLE FL 32250 US**

3. Date incorporated or Qualified: **10/18/1995**
4. FEI Number: **59-3347229**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MADDOX, ANDREA
119 MARGARET ST.
NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent
81 Name: **Andrea Jeffrey**
82 Street Address (P.O. Box Number is Not Acceptable): **1032 16th Ave. S.**
83
84 City: **Jacksonville** FL 85 Zip Code: **32250**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MADDOX, ANDREA	
STREET ADDRESS	1032 16TH AVE S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey, Andrea
1.3 STREET ADDRESS	1032 16th Ave S.
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Kuster
2.3 STREET ADDRESS	127 A Rio Del Mar
2.4 CITY-ST-ZIP	St. Augustine, FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

APR 21 1998
DED. \$150.00

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.

SIGNATURE: **Robert E. Kuster**

2 31 98 800 311 1199

CR2E034 (10/97)