

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90036 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000080566**

1. Corporation Name  
**NEUMANN CONSULTING GROUP, INC.**



Principal Place of Business 1535 ERIN LANE CLEARWATER FL 33755 US	Mailing Address 1535 ERIN LANE CLEARWATER FL 33755 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/16/1995**

2. Principal Place of Business 21 <b>2256-A Palmwood DR</b>	2a. Mailing Address 26 <b>2256-A Palmwood DR</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>DUNEDIN FL</b>	28 City & State <b>DUNEDIN FL</b>
24 Zip <b>34698</b>	29 Zip <b>34698</b>
25 Country <b>US</b>	30 Country <b>US</b>

4. FEI Number  
**59-3344956**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**NEUMANN, MICHAEL E**  
 1535 ERIN LANE  
 CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2256-A Palmwood DR</b>
83	
84 City	<b>DUNEDIN FL</b>
85 Zip Code	<b>34698</b>

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	PTD	<input type="checkbox"/> DELETE
NAME	NEUMANN, MICHAEL E	
STREET ADDRESS	1535 ERIN LANE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	NEUMANN, SARAH K	
STREET ADDRESS	1535 ERIN LANE	
CITY-ST-ZIP	CLEARWATER FL 33755	
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	
1.3 STREET ADDRESS	<b>2256-A Palmwood DR</b>
1.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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.

SIGNATURE: *Shelley D. ...* **SIGNATURE REQUIRED** **3-26-99** **727-734-2206**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)