

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harrie**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

**99 OCT -8 AM 10: 19**

**DOCUMENT # P970000 32452**  
1. Corporation Name  
**ENGLEWOOD CONSULTING GROUP, INC.**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**2990 LEGATEAU DRIVE**  
**Palm Beach Gardens, FL 33410**

5/10/99 90578028450.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc. <b>South 10</b>	2b. Suite, Apt. #, etc.	<b>65-0742025</b>	Not Applicable
22. City & State <b>MOORE</b>	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	29. Country	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Zip	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Corporation Services Company</b> <b>1201 HAYS ST.</b> <b>TALLAHASSEE, FL 32301-2525</b>		B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)
		B3.	B4. City <b>FL</b> B5. 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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	TITLE	Change
<b>1</b> TITLE: <b>President</b>	<input type="checkbox"/>	<b>1</b> TITLE: <b>REINSTATEMENT 98-99 (w)</b>	<input type="checkbox"/>
<b>2</b> NAME: <b>GAIL HALMAN</b>		<b>2</b> NAME: <b>KE</b>	<input type="checkbox"/>
<b>3</b> STREET ADDRESS: <b>2990 LEGATEAU DR.</b>		<b>3</b> STREET ADDRESS: <b>600003015186---8</b>	<input type="checkbox"/>
<b>4</b> CITY-ST-CP: <b>Palm Beach Gardens, FL 33410</b>		<b>4</b> CITY-ST-CP: <b>10/14/99 - 01000 000</b>	<input type="checkbox"/>
<b>5</b> TITLE: <input type="checkbox"/>		<b>5</b> TITLE: <b>***750.00 ***750.00</b>	<input type="checkbox"/>
<b>6</b> NAME: <input type="checkbox"/>		<b>6</b> NAME: <input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> STREET ADDRESS: <input type="checkbox"/>		<b>7</b> STREET ADDRESS: <input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> CITY-ST-CP: <input type="checkbox"/>		<b>8</b> CITY-ST-CP: <input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> TITLE: <input type="checkbox"/>		<b>9</b> TITLE: <input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> NAME: <input type="checkbox"/>		<b>10</b> NAME: <input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> STREET ADDRESS: <input type="checkbox"/>		<b>11</b> STREET ADDRESS: <input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> CITY-ST-CP: <input type="checkbox"/>		<b>12</b> CITY-ST-CP: <input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 607.0505(1) of the Florida Statutes, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 561-775-8664 x 4/27/99