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

DOCUMENT # P98000043230

1. Corporation Name

IMPERIAL CONSULTING, INC.

Principal I	Place of	Business

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90008 036 ***450.00



Principal Place	e of Business	Mailing Address							
15248 SOUTH (J.S. 41 SUITE 900	15248 SOUTH U.S. 41 SU	ITE 900						
FT. MYERS FL	33908	FT. MYERS FL 33908				DO NOT WRITE IN THI	S SPAC	:F	
						3. Date Incorporated or Qualifed			
						05/13/1998			ļ
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		Ар	plied For
一 ・	acc of Basilloss	26				65-0855442	_		t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.							dditional
22	, , , , ,	27				5. Certifcate of Status Desired , L		ee Re	,
City & State		City & State		_		6. Election Campaign Financing	\$!	5.00	May Be
23	_	28				Trust Fund Contribution	-		o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year li	ntangible		
24	25	29	30			Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Current		1			10. Name and Address of New Registered	I Agent		
				81	Name				
	ip, st eph anie			02	Stront A	ddress (P.O. Box Number is Not Acceptable)			
1524	8 SOUTH U.S. 41 SUITE 900			82 Street Address (P.O. Box Numb		address (F.O. Box Mulliber is Not Acceptable)			
FT. N	MYERS FL 33908			83					
				84	City	F	85	Zip (Code
44 5	to the available of Factions 607 0500	and CO7 1509 Elorido Statut	ne tha n	hove	-named c	corneration submits this statement for the nurnose (of changi	ing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligati	f Florida. Such change was a	uthorized	1 bv	the corpor	ration's board of directors. I hereby accept the app	ointment	as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered	Agen	t signature rec	quired when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 Ti	TLE			C Cr	nange	Addition
NAME	FRANCELL, GARY		1.2 N	AME					
STREET ADDRESS	15248 SOUTH U.S. 41 SUITE 9	200			ADDRESS				Į.
	FORT MYERS FL 33908	,,,,,		TY-\$1					
CITY-ST-ZIP TITLE	V	□ DELETE	2.1 TI					hange	☐ Addition
	NEGIP, DANIEL	_	2.2 N		ĺ				
NAME.	15248 SOUTH U.S. 41 SUITE S	200			ADDRESS				
STREET ADDRESS		700	1		1				}
CITY-ST-ZIP	FORT MYERS FL 33908	☐ DELETE	_	ITY-S	I-ZIP			hange	Addition
TITLE	S ATERIANIE	☐ DELETE	3.1 ∏					lango	
NAME	NEGIP, STEPHANIE	200	3.2 N						
STREET ADDRESS	15248 SOUTH U.S. 41 SUITE S	1 00			ADDRESS				į
CITY-ST-ZIP	FORT MYERS FL 33908		_	TY-S	T-ZIP			hange	Addition
TITLE		☐ DELETE	4.1 ∏					lange	
NAME			4. 2 N						
STREET ADDRESS			4.3 S	REE	ADDRESS				I
CITY-ST-ZIP			4,4 C	TY-S	-ZIP				
TITLE		☐ DELETE	5.1 TI			. ~ O U T	√ □ □	hange	☐ Addition
NAME			5.2 N			m) (4) 11. Jr			
STREET ADDRESS			9		ADDRESS	- (TIL 1270) -			
CITY-ST-ZIP			_	ITY-S1	r-ZIP	11199			
TITLE	-	☐ DELETE	6.1 TI	πE	1	9(11)		hange	☐ Addition
NAME			6.2 N		1				ĺ
STREET ADDRESS			6.3 S	TREET	ADDRESS				
OUT! OT TUE			64.0	ITY. S1	r. 7IP				[

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: