


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90006 045 ***150.00

0035661

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000060799**
 1. Corporation Name
CHRONOS CONSULT INC.



Principal Place of Business: 777 LANTANA ROAD %DOLLY COHAN LANTANA FL 33462
 Mailing Address: 777 LANTANA ROAD %DOLLY COHAN LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/01/1998**

4. FEI Number: **6508 59396** 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **%Dolly Cohan / Wayne M. Levere**
 Suite, Apt. #, etc.: **777 Lantana Road**
 City & State: **Lantana, FL**
 Zip: **33462** Country: **USA**

2a. Mailing Address: **%Dolly Cohan / Wayne M. Levere**
 Suite, Apt. #, etc.: **777 Lantana Road**
 City & State: **Lantana, FL**
 Zip: **33462** Country: **USA**

9. Name and Address of Current Registered Agent
COHAN, DOLLY
777 LANTANA ROAD
%DOLLY COHAN - Wayne M. Levere Law
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **JEGER, DOROTHEA**
 STREET ADDRESS: **CASTOR CONSULT AG NEUGASSE 7**
 CITY-ST-ZIP: **6301 ZUG, SWITZERLAND**

TITLE: **D** DELETE
 NAME: **MIOTTI, REMO**
 STREET ADDRESS: **CASTOR CONSULT AG NEUGASSE 7**
 CITY-ST-ZIP: **6301 ZUG, SWITZERLAND**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **DNP/T/S** Change Addition
 1.2 NAME: **Dorothea Jeger**
 1.3 STREET ADDRESS: **Castor Consult AG, Neugasse 7**
 1.4 CITY-ST-ZIP: **6301 Zug, Switzerland**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 120.07(3)(i), Florida Statutes, 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: *[Signature]* DATE: **1/20/99**

CR2E034 (11/98)