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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE 😁

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 349153

DEFERRED COMPENSATION CONSULTANTS, INC.

Principal Place of Business Mailing Address							-		a li dib il a lali	
PO BOX 33005	in	3669 ROYAL PALM AVEN	IUE							
PO: DOX 00040	÷	P.O. BOX 33048					50.407.4451	TE 14.1 T. 110	00405	
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133			1133				DO NOT WRI	IE IN THIS	SPACE	
US							3. Date Incorporated or Qualifed			
	CD.	O- Mailing Address					07/07/1969 4. FEI Number			pplied For
⊢ ¬	ace of Business	2a. Mailing Address					59-1266824		⊢	ot Applicable
21	#	Suite, Apt. #, etc.					39-1200024			Additional
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired		¥ - · · · -	equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		¥	to Fees	
Zip	Country	Zip	Cour	itry			8. This corporation owes the curr	ent vear Inta	anaible	
24	25	29	30	3			Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	Yes	X No
-71	9. Name and Address of Curren		17.7.1		5		10. Name and Address of New I	Registered A	Agent	
				81/	Nam	e				
	HSLER, L. G.		-	82	Ctro	at Addro	ss (P.O. Box Number is Not Accepta	able)		
3669 ROYAL PALM AVENUE				02	3116	et Addre	as (F.O. Box Number is Not Accept	1010)		
COC	ONUT GROVE FL 33133		ļ	83				_		
{			-		0.,				or Zin	Codo
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the ab	ove-	name	ed corpo	ration submits this statement for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by t	he co	rporatio	n's board of directors. I hereby accep	ot the appoir	ntment as r	egistered
	III lamilia: with, and accept the conga	1013 01, 00011011 001.0000, 1	ionae otato							.
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered /	Agent	signatu	re required	when reinstating)	DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	PS	☐ DELETÉ 1.1 T		LE					Change	☐ Addition
NAME	WECHSLER,LOUIS G	HSLER,LOUIS G 1.2 N		1.2 NAME						
STREET ADDRESS	ACCO DOVAL DALAL ANEXULE		1.3 STF	1.3 STREET ADDRESS		ss				
CITY-ST-ZIP	COCONUT GROVE FL			Y-ST-	- ZIP]				
TITLE	TD			2.1 TITLE		<u> </u>			Change	Addition
NAME	WECHSLER.LOUIS G	· · · · · · · · · · · · · · · · · · ·		2.2 NAME						}
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STF	2.3 STREET ADDRESS		SS	•			Ì
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CI	ry-st	-ZIP					
TITLE			3.1 TIT	3.1 TITLE					Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRE	ss				
CITY-ST-ZIP			3.4. CIT	Y-ST	-ZIP	ļ				
TITLE		□ DELETE	4.1 TIT	LE					☐ Change	☐ Addition
NAME	•		4. 2 NA	ME						!
STREET ADDRESS			4.3 STF	REET	ADDRE	ss				}
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP					
TITLE		☐ DELETE	5.1 TITI	LE					Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS				ME						
			5.3 STF		ADDRE	ss				
CITY OT TIP			5.3 STF 5.4 CIT	REET		ss				
CITY-ST-ZIP		☐ DELETE	l l	Y-ST-		ss			☐ Change	☐ Addition
TITLE NAME		☐ DELETE	5.4 CIT	Y-ST- LE		SS			☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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 authority with an address, with all other like empowered.

SIGNATURE:

305 445-3600