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

Mailing Address

SUITE 700

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3111 UNIVERSITY OR

2a. Mailing Address

City & State

Zip

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT 1999

FINANCIAL CAREER CONSULTANTS, INC.

Country

9. Name and Address of Current Registered Agent

25

SCHMIDT, JOANNE

CORAL SPRINGS FL 33065

9451 NW 44 PL

1. Corpora ion Name

Principal Place of Business

CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

Principa Place of Business

3111 UNIVERSITY DR

SUITE 700

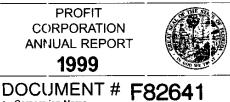
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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90092 037 ***150.00

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		DO NOT WRIT	E IN TH	S SPACE		
		ate Ir corporated or Qualifed 5/20/1982				
	4. FE	1 Number			Applied For	
	59)- 21 9565 7			Not Applicable	
	5. Ce	ertifcate of Status Desired		\$8.75 Additional Fee Required		
	1 **	ection Campaign Financing ust Fund Contribution		\$5.00 May Be Added to Fees		
	1	is corporation owes the curre ersonal Property Tax.	ent year	ntangible Yes	□No	
	10. Na	ame and Address of New R	egistere	d Agent		
Name						
Street Ac dre	ss (P.O.	Box Number is Not Accepta	ble)			

11. Pursuant to the provisions of Scittons 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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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SIGNATURE		ANOTE I	Decistered Apont signature root up	od when reinstating) DATE		·			
	Signature, typed or printed na ne of registered agent and title if applicable. (NOT E. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN								
12.			1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change				
TITLE	STD	Decete			L Change	☐ Addition			
NAME	WITZEL, ROBERT C		1.2 NAME						
STREET ADDRESS	7459 NW 34 STREET		1.3 STREET ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP						
TITLE	PD	☐ DELETE	21 TITLE		Change	☐ Addition			
NAME	SCHMIDT, JOANNE		2.2 NAME						
STREET ADORESS	9451 NW 44 PLACE		2.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP						
TITLE	V	☐ DELETE	3 1 TITLE		Change	☐ Addition			
NAME	WITZEL, ROBERT C.		3.2 NAME						
STREET ADDRESS	7459 NW 34 STREET		3.3 STREET ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CiTY-ST-ZiP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-\$T-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS			j			
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

I heretly certify that the informal ion 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 I2 or Block 13 if changer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

POBENT C. WITZEL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-340-6670

Zip Code

85