

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90155 041 \*\*\*150.00

DOCUMENT # **F95000001276**

1. Corporation Name

**CONSELLTANT GROUP CORPORATION**

Principal Place of Business

**8895 N. MILITARY TRAIL  
BLDG B, SUITE 302  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**%CONSELLTANT GROUP CORPORATION  
2 PRESTIGE PLACE, SUITE 340  
DAYTON OH 45342  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/17/1995**

4. FEI Number

**31-1387738**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANFIL, WALTER J  
8895 N MILITARY TRAIL  
BLDG B, SUITE 302  
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>PCD</b>			
	<b>ORLOWSKI, NORMAN L</b>			
	<b>2 PRESTIGE PLACE, SUITE 340</b>			
	<b>MIAMISBURG OH 45342</b>			
	<b>VD</b>			
	<b>PANFIL, WALTER J</b>			
	<b>8895 N MILITARY TRAIL BLDG B SUITE 302</b>			
	<b>PALM BEACH GARDERS FL 33410</b>			
	<b>D</b>			
	<b>ASHCRAFT, DAVID</b>			
	<b>2 PRESTIGE PALCE, SUITE 340</b>			
	<b>MIAMISBURG OH 45342</b>			
	<b>VDS</b>			
	<b>RICHARD J. BERTHY</b>			
	<b>2 PRESTIGE PLACE, SUITE 340</b>			
	<b>MIAMISBURG OH 45342</b>			

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/99**

**937-439-1339**

Date

Daytime Phone #

CR2E034 (11/98)