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**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90023 041 \*\*\*150.00

0545922

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **F96000001862**

1. Corporation Name  
**ALTEC CONSULTING, INC.**

Principal Place of Business  
**55 ROBINSON PARKWAY  
 BURLINGTON VT 05401**

Mailing Address  
**55 ROBINSON PARKWAY  
 BURLINGTON VT 05401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/15/1996**

4. FEI Number

**03-0341154**

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

21 **145 PINE HAVEN SHORES RD**

Suite, Apt. #, etc.  
**SUITE 204**

23 **SHELBURNE VT**

City & State

24 **05482** 25

Zip Country

2a. Mailing Address

26 **145 PINE HAVEN SHORES RD**

Suite, Apt. #, etc.  
**SUITE 204**

28 **SHELBURNE VT**

City & State

29 **05482** 30

Zip Country

9. Name and Address of Current Registered Agent

**GOLD, MONA  
 NEWPORT G, APT. 3009, CENTURY VILLAGE  
 DEERFIELD BEACH FL 33441**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE

NAME **GOLD, MARTIN F**  
 STREET ADDRESS **55 ROBINSON PARKWAY**  
 CITY-ST-ZIP **BURLINGTON VT 05401**

TITLE **VSD**  DELETE

NAME **RAFFAEL, LISA J**  
 STREET ADDRESS **55 ROBINSON PARKWAY**  
 CITY-ST-ZIP **BURLINGTON VT 05401**

TITLE **D**  DELETE

NAME **GOLD, MONA**  
 STREET ADDRESS **NEWPORT G, APT 3009, CENTURY VILLAGE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 my address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 802-985-9878

Date

Daytime Phone #

CR25034 (11/98)