

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

APPROVED  
AND  
FILED

99 FEB 12 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0279900

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F98000000238**  
1. Corporation Name  
**ABRAHAM CHEVROLET-TAMPA, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1700 E. HILLSBOROUGH AVE.<br/>TAMPA FL 33610</b> | Mailing Address<br><b>110 SE SIXTH ST.<br/>FT. LAUDERDALE FL 33301</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |    |   |    |  |   |
|--------------------------------|----|---|----|--|---|
| 2. Principal Place of Business |    | 2a. Mailing Address                             |    | 3. Date Incorporated or Qualified<br><b>01/14/1998</b>   |   |
| 21                             | 22 | 26  | 27 | 4. FEI Number<br><b>65-0802820</b>   | Applied For<br><input type="checkbox"/> Additional<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc.                             |    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |
| City & State                   |    | City & State                                    |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                             |   |
| 23                             | 24 | 28  | 29 | 8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Zip                            |    | Country   |    | 10. Name and Address of New Registered Agent   |   |
| 25                             | 30 | 9. Name and Address of Current Registered Agent |    |  |   |

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PD HAWKINS, THOMAS W</b>     | 12 NAME   | <b>30000277663--0</b>   |
| STREET ADDRESS             | <b>110 SE SIXTH ST.</b>         | 13 STREET ADDRESS                                     | <b>-02/16/99--01032--012</b>                                      |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33301</b>  | 14 CITY-ST-ZIP  | <b>***150.00 ***150.00</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VSD COLE, JAMES O</b>        | 22 NAME   |   |
| STREET ADDRESS             | <b>110 SE SIXTH ST.</b>         | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33301</b>  | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>T HYLE, KATHLEEN</b>         | 32 NAME   |   |
| STREET ADDRESS             | <b>110 SE SIXTH ST.</b>         | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33301</b>  | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 42 NAME   |   |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 52 NAME   |   |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 62 NAME   |   |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 64 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: \_\_\_\_\_ DATE: **1/22/99** (954) 769-6000

CR2E034 (11/98)

**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

**DOCUMENT # F71810**

1. Corporation Name  
**THE CONSULTING SOURCE, INC.**

Principal Place of Business  
**110 S.E. SIXTH ST  
SUITE 1200  
FT LAUDERDALE FL 33301  
US**

Mailing Address  
**110 S.E. SIXTH ST  
SUITE 1200  
FT LAUDERDALE FL 33301  
US**

**APPROVED AND FILED**  
**99 FEB 12 PM 4:44**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **8600 Pines Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23 **Pembroke Pines, FL**

27 City & State  
28

24 Zip **33024**

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
**03/05/1982**

4. FEI Number  
**59-2183874** 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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**100002776681-4**

83 **02/16/99-01032-013**

84 City **\*\*\*\*150.00**

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--|---|
| TITLE                      | VSD  | 1.1 TITLE   |
| NAME                       | LOVERN, ROBERT W.                          | 1.2 NAME  |
| STREET ADDRESS             | 1333 N FED HWY                             | 1.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | FT LAUDERDALE FL                           | 1.4 CITY-ST-ZIP                                       |
|                            | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   |
| TITLE                      | PTD  | 2.2 NAME  |
| NAME                       | LOVERN, JOHN F.                            | 2.3 STREET ADDRESS                                    |
| STREET ADDRESS             | 1333 N FED HWY                             | 2.4 CITY-ST-ZIP                                       |
| CITY-ST-ZIP                | FT LAUDERDALE FL                           | 3.1 TITLE   |
|                            | <input checked="" type="checkbox"/> DELETE | 3.2 NAME  |
| TITLE                      |  | 3.3 STREET ADDRESS                                    |
| NAME                       |  | 3.4 CITY-ST-ZIP                                       |
| STREET ADDRESS             |  | 4.1 TITLE   |
| CITY-ST-ZIP                |  | 4.2 NAME  |
|                            | <input type="checkbox"/> DELETE            | 4.3 STREET ADDRESS                                    |
| TITLE                      |  | 4.4 CITY-ST-ZIP                                       |
| NAME                       |  | 5.1 TITLE   |
| STREET ADDRESS             |  | 5.2 NAME  |
| CITY-ST-ZIP                |  | 5.3 STREET ADDRESS                                    |
|                            | <input type="checkbox"/> DELETE            | 5.4 CITY-ST-ZIP                                       |
| TITLE                      |  | 6.1 TITLE   |
| NAME                       |  | 6.2 NAME  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |
|                            | <input type="checkbox"/> DELETE            |   |

\*see attachment\*

*[Handwritten signature]*

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: \_\_\_\_\_ Date: **1/22/99** (954) 769-6000

0279623

CR2E034 (11/98)