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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90029 011 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000000671

1. Corporation Name

CULTURE CONSULTING, INC.

Deigoinal Diace (of Rusiness	Mailing Ad	dress						
Principal Place	•	=	POINTE BLVD. SUIT	TE 1131					
7240 WESTPOINT ORLANDO FL 328	re blvd. Suite 1131 1835		ORLANDO FL 32835			DO NOT WRIT	E IN THIS	SPACE	
ONDAINDO 16 32000						3. Date Incorporated or Qualifed			
						02/04/1998			
						4. FEI Number		App	lied For
2. Principal Pla	ice of Business	2a. Mailing	, Address			38-3310855		Not	Applicable
21		26						\$8.75 AG	ditional
Suite, Apt. #	t, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired	· 🗆	Fee Req	
22		27				5 5 1 O- seign Financing		\$5.00 N	Aav Be
City & State		City &	State			Election Campaign Financing Trust Fund Contribution		Added to	
23		28				8. This corporation owes the curr	ent year Inte		_/_
Zip	Country	Zip	_	_ Country	у		ent year ma	∏Yes 〔	ZNo
24	25	29	30	0		Personal Property Tax. 10. Name and Address of New F	Registered /	Agent	
	9. Name and Address of Curre	nt Registered A	lgent		d Name	IV. Name and Address of New I			
		÷		8.					
DODI	D, PAMELA			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
7240	WESTPOINTE BLVD, SUITE 1	131							70, 73 2
	ANDO FL 32835			8:	3 .	•	':		1.3.
				8	4 City			85 Zip C	ode
							<u>FL</u>	<u> </u>	
	- Captions 607 0	502 and 607 150	8. Florida Statutes	the abo	ve-named cor	poration submits this statement for the ion's board of directors. I hereby acce	purpose of	changing its	registered sistered
11. Pursuant t	to the provisions of Sections 607.00 egistered agent, or both, in the Stat	te of Florida. Suc	h change was auth	horized b	y the corporat	poration submits this statement for the ion's board of directors. I hereby acce	ht title abboi	manon do . oş	,,,,,,,,,
agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the obliq	gations of, Sectio	in 607.0505, Florida	a Statute	75.				
SIGNATURE			(NOTE: P.	Panistered Ac	ent signature requir	red when reinstating)	DATE		
	Signature, typed or printed name of registered a	AND DIRECTOR		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
12		AND DIRECTOR	DELETE	1.1 TITLE				Change	☐ Addition
TITLE	CPST			1,2 NAM	1				, c
NAME	DODD, PAMELA			1.2.00	- 1				
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CITY-ST-ZIP					EET ADDRESS				
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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.

6.3 STREET ADDRESS

SIGNATURE:

NAME