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 # F9800003207 1. Corporation Name

ELLIS CONSULTING GROUP, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90067 013 ***150.00



Principal Place of Business Mailing Address					\$ 100 tide into 1010) failt antit antit antit antit antit antit antit antit	
26 HUMPHREY	STREET	26 HUMPHREY STREET				
SWAMPSCOTT MA 01907 SWAMPSCOTT MA 01907					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/08/1998	
	ace of Business	2a. Mailing Address		? as	4. FEI Number Applied For	
21 4 660	OCEAN BLUP	26 4140 OCE	AN B	LOP	04-3269637 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired — S8.75 Additional Fee Required	
City & State City & State City & State 28			FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country (/5/4)	Zip	Countr	y	This corporation owes the current year Intangible	
24 P34	242 25 8 CONSTITUTE	29 34 242 3	o <i>87 3</i>	A	Personal Property Tax. ☐ Yes ☐ No	
<i></i>	9. Name and Address of Current	Registered Agent	1		10. Name and Address of New Registered Agent	
			8	Name	9	
ELLIS, STEPHEN H 4660 OCEAN BLVD - M2				82 Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34242				83		
			84	City	FL 85 Zip Code	
to a second seco						
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	the corp	poration's board of directors. I hereby accept the appointment as registered	
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	ELLIS, STEPHEN H		1.2 NAME			
STREET ADDRESS	4660 OCEAN BLVD - M2		1.3 STREE	TADDRESS	s	
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		BILK DOMED T. 535 MEADOW SWEET CIRCLE 65000172 3424	
NAME	ELLIS, DONALD T		2.2 NAME		FLUS NONALD T.	
STREET ADDRESS	4660 OCEAN BLVD - M2		2.3 STREE	T ADDRESS	535 WEADOW SWEET CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34242		2. 4 CITY-		DERREVIEL 34229	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREI	T ADDRESS	s	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREI	ET ADDRESS	s	
CITY-ST-ZIP			4.4 CiTY-			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ET ADDRESS	s	
CITY-ST-ZIP			54 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		· Change Addition	
NAME			6.2 NAME		· ·	
STREET ADDRESS			6.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP		γ	6.4 CITY-	ST-ZIP		
المستقر المستقر					at the Continue 440 07/03/03 Florida Chapters I forther continue that the information	

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 informati 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 ecciver 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 attendment with an address, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR